B.-WRITE P

V. S. No. 1

19. UNDERTAKER

(Addresa)

1 ,19-37

T	T A VIETCETAT	1	THE PROPERTY OF THE POST OF TH
-WRITE-PL LY, WITH UNFADING	G INK-TF	[SI]	WRITE-PL LY, WITH UNFADING INK-THIS IS A PERMANENT RE AD. Every item of infor-
mation should be carefully supplied. A	GE should	be s	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so t	that it may	be r	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.	ons on back	of ce	ertificate.

	CERTIFICATE OF DEATH 9642
1. PLACE OF DEATH	11.5
County Ballimole	Registration Dist, No.
Village or City Klundalf	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Foreigh about a company (a) Residence: No. 6815 Brentwood ac & (Usual place of abode)	If U. S. Veteran, specify WAR  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED. (write the word)  Washed.	21. DATE OF DEATH Sept 8, 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Truste	22. — I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is sald
7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, atm.
55 ? ? ? l day,hrs.	the FAINCHAL CAUSE OF BEATH and releted causes of importance
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this properties) which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.  11. Total time (years) this companion done which and the same in this properties (month and the same in this properties).	Jound Hanging in
10. Date deceased last worked at this occupation (month and year)	Home O
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	-
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Unicolymn	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Aureile Date of injury
State or country)	Where did injury occur?
17. INFORMANT Mary Pinter Mid.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Placement Heart Juany Date 9/10 ,193)	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

omnell

Registyar.

If so, specify (Signed)

24. Was diseese or injury in any way related to occupation of deceased?

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	16	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
001			
Other contributory causes of importance:		Other contributory causes of importance:	File file
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

AD. Every item of infor-

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PL

V. S. No. 1 M AGE should be

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9643	
1. PLACE OF DEATH	930	
County 3ala,	Registration Dist. No. 40	
Village or City Mt. Victa	NDSt.,Ward	
(1)	death occurred in a hospital or institution, give its INAME, instead of street and number)	
	ds. How long In U.S. if of foreign birth?yrsmosds.	
2. FULL NAME TO THE O'L CYCY	If U. S. Veteran, specify WAR	
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give gity or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
male of hite or DIVORCED (write the word)	(Month) (Day) ((aar)	
5a. If merried, widowed, or divorced HUSBAND of		
and the myses	22. I HEREBY CERTIFY, Thet y attended deceased from	
6. DATE OF BIRTH (month, dey, and year) Nov. 28 - 1860	I last saw have elive on Add 1 1932 : death is said	
7. AGE Years Months Days II LESS than	to have occurred on the date stated ebove at	
76 9 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:	
Trade profession or particular	Date of onset	
kind of work done, as SPINNER,	mystardus 27ms	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		
SAW MILL, BANK, etc		
this occupation (month and spent in this occupation year)		
12. BIRTHPLACE (city or town) Harfort Co Mis "	Other Contributory Causes of importence:	
(State or country)	Bambrot Comma	
13. NAME lolu ana		
14. BIRTHPLACE (city or town) Ynfal Cr nut (	Neme of operation Date of	
(State of Country)	What test confirmed diegnosis? Was there an autopsy?	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT AND W. COSE P. B. B. B.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Plece Date 1, 19	Nature of Injury	
19. UNDERTAKER Clarent J. allun 24. Was disease or injury in any way related to occupation of deceased?		
((Address) Tolk Suit (	If so, specify	
WFILED B) NyseloWAMMEN	(Signey) (Si	
Registrar.	(Address) JOSHUV	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 00		II OCT & 1937	
MARKAU V.	لنس		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. No.	B
V. S.	z(I)

STATE OF MARYLAND-	CERTIFICATE OF DEATH 9644
1. PLACE OF DEATH	
County Bulto	Registration Dist. No. 30
Village Dr City Catourulle (1	ND. D.M. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long In U.S. if of foreign blrth?mosds.
2. FULL NAME Baky Gur Balderse	If U.S. Veteran specify WAR.
(a) Residence: No. 748 Frederich and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 9 27 193 7
5e. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I ettended deceased from 9-27, 1937, to 9-27, 1937
6. DATE OF BIRTH (month, day, end year) Sept. 27, 19 37	I last saw h.e. Simo on 9-27, 1937; death Is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
6 6 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc	- frem alurity
9. Industry or business in which	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	-
O 10. Date deceased lest worked at this occupation (month and year) occupation	
11. 2	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
13. NAME James C Balders on 14. BIRTHELIACE (city or town)	
14. BIRTHELACE (city or town)	Name of operation Date of
(State of country) , Manager Co. , voca	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Margaret Frey	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Nongaret Frey	Accident, suicide, or homicide? Date of injury, 19
State or country) Cella No	Where did injury occur?
17. INFORMANT James C Balderson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placedella Com, Date 9-28,107	Nature of Injury.
19. UNDERTAKER TO Meg whothour I had	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Glas 0, 192 All Suellies	(Signed) Sunge E. Dington M. D.
If more plants and fooder duties State Registrar.	(Address) Callett

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or- ate A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
inf st UP	1. PLACE OF DEATH .	(P2) (A.)
of Eld	County Saltimore	Registration Dist. No. 442
should of OCC	Village or City Landown, Kren	
NS ut	Length of residence in city or town where death occurredyrs,mos	ds. How tong in U.S. if of foreign birth?yrsmosds.
O. Every SICIANS atement	2. FULL NAME Phillips Thomas	Banion
R X	(a) Residence: No. 1442 Montan St., (Usual place of abode)	LSt., Ward.  If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
I A	3. SEX 4. COLOR OR RACE OR DIVORCED (print the word)  5. It married without or divorced  Single, MARRIED, WIDOWED, OR DIVORCED (print the word)	21. DATE OF DEATH  September 10 th  (Month) (Day) (Yeer)
RMANER X A C T   classified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
EX. cla	6. DATE OF BIRTH (month, dey, end year) Warch 24, 1907	
	7. AGE Years Months Deys If LESS than	to have occurred on the dete steted above, et 200 Pm.
IS A P stated properly ertifical	34/ 5 17 ldey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
HIS IS IS be stop of cer	No. Trade, profession, or perticular kind of work done, as SPINNER, Laborette SAWYER, BOOKKEPPER atc.	There was no boat involved a group Date of onset
ould may back	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	·
INK E sh it it on	10. Date deceased lest worked et this occupation (menth and year)	drowning; solile in
NFADING plied. AGI rms, so tha instructions	12. BIRTHPLACE (city or town) Boltimore, Mdi	Other Contributory Cansea of importence:
FA] ied. ns, stru	(State or country)	
W	13. NAME Harvey E. Banson	
H L su in t	14. BIRTHPLACE (city or town) Saturnal, Mate	Neme of operation
III .		What test confirmed diagnosis? Was there en eulopsy?
refu in	E 3 V4.	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
LY, W carefu	O 16. BIRTHPLACE (city or town) Catalogue (State or country)	Accident, suicide, or homicide? December Dete of injury 9-10-, 1937
DEA im	17. INFORMANT William Edward Banin	Where did injury occur? Neuroles Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or, in PUBLIC PLACE.
PLA hould OF D	(Address) 1139 Park ave, Buttimore	Rond ou. M.J. Bion Cemetery Property
LE CE SE	18. BURIAL, OREMATION OF REMOVAL Place W Con Date Seffles	Manner of injury accidental shown we were
-WRIT mation CAUS TION	19. UNDERTAKER MM a Jackson	24. Wes disease or injury In any way releted to occupation of deceased?
9.	(Address) 9/6 Physia an	It so hope ful out to tocal
z (T)	20. FILED ef 10 , 10 7 Ver, Kieffer Registrar.	(Signed)
0		(Address) A Address Constitution Constitutio
		The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
J V. S.		73. 75	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		10 16 9	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	infor-
1	jo
	item
	Every
	RECORD.
BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
O.R.	A
F	IS
VED	THIS
SER	INK
MARGIN RESERVED FOR BINDING	UNFADING
*	WITH
	PLAINLY,
. 1	-WRITE

V. S. No. 1 ġ

STATE OF	MARYLAND—CERTIFICATE OF DEATH	9646
ATH .	49-1	26

1. PLACE OF DEATH	40.0
/ county Baltimore	Registration Dist. No.
Village or City Lutherville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2 FULL NAME LUKA B. BOUCK	If U. S. Veteran, specify WAR
(a) Residence: No. Hollen Road. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeniale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  9- 6- ,193 37  (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of HORRY F. Bover	22. I HEREBY CERTIFY, That I attended deceased from  12-2- ,19.33, to 9-6- ,19.37    liest saw h. C. aliva on 9-5- ,19.37; death is said
6. DATE OF BIRTH (month, day, and year) \( \sqrt{O} \) \( \text{N} \), \( \sqrt{1} \) \( \text{3} \), \( \sqrt{90} \) \( \text{5} \)  7. AGE Years Months Days If LESS than I day,hrs. orhrs. orhrs.	to have occurred on the date stated abova, at
8. Trada, protassion, or particular kind of work dona, as SPINNER, house wife SAWYER, BDDKKEPER, etc.	Malegnant Peratoma 12-1-33
Solution of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9	
10. Date deceased last worked at this occupation (month end year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Boltimore Co. (State or country)	Olivi dealitativi, dealit di impirativi
13. NAME GRaham W. CROnston	
13. NAME GRaham W. CRanston  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Laparo tomy Date of Dec. 36  What tast confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME Clemma Stouffer	23. If death was due to axternal causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Clemma Stouffer  16. BIRTHPLACE (city or town) Baltimore  (State or country)	Accident, suicide, or homicide?
17. INFORMANT HORRY F. Bouer (Address) Hollen Road, Balto	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Marelana Park Date Sept 9, 1937	Mannar of injury
19. UNDERTAKER & Lelloy Staffle lee (Address) 25 & Morrestain.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9/7, 19,37 a. M. Boson Registrar.	(Signed) Nullon C. hally J. M. D. (Address) 2117 Belaux Pad.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death,—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	


FOR BINDING MARGIN RESERVED

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PL.

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 9647
1. PLACE OF DEATH	3 HU
County Old m	Registration Dist. No.
Village or City Wislaw (If	No. St., Ward death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Still born infant (	Day Lif 0. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	DYP / 1 193 7
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i ettended deceesed from
6. DATE OF BIRTH (month, day, and year) Sept 18th 1937	1   19
7. AGE Years Months Days If LESS ATTAIN	to have occurred on the date stated above, etm.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular	1
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	& ell orthe outant
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end spent in this	
10. Date deceased last worked at this occupation (month end year)	
Min a Can	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (D) and Branch Park	(Palmatian
13. NAME Nobe Baylor	
14. BIRTHPLACE (city or town) Essery Lu	Name of operation
(State or country),	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Ada Collins  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stele of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Holda Odaylor (Address) Wislam	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL LOCALITY OF SUNTA	Manner of injury
19. UNDERTAKERUNGTom - Laboratory (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILEOLPY 19, 1927 Glasser Registrar	(Signed) (M. D. (Address) Assarvous Point
Registrary	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimbre, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CCT 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	M 4 4000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

THE PROPERTY OF THE PROPERTY O	BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ons on back of certificate.
STITUTE AND THE STITUTE AND TH	B.—WRITE PLAMLY, WITH UNFADING INK-THIS IS A PE	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9648
1. PLACE OF DEATH	43
County (Dallingre	Registration Dist. No. 83
Village or City Resturtown	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Askiam Besseyman	If U. S. Veteran, specify WAR
(a) Residence: No. Sestentary Mod (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR PACE OR DEVORCED (write the word)  Mak  Notice  Strate  Notice  Not	21. DATE OF DEATH (Modifi) (Day) (Year)
5e. H merried, widowed of diversed HUSBAND of Susan Elizabeth Norrell (or) WIFE of	22.   I HEREBY CERTIFY That I aftended deceesed from
6. DATE OF BIRTH (month, day, and year)	A Dect saw h / M alive on Sept 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
77 10 19 1 dev. hrs. or min.	The PRINCIPAL CAUSE OF DEATH end ralated causes of Importance ware as follows:
3. Trade, profession, or particular kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and the spent in this 50)	myocarditis (chouse)
10. Data deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation  occupation	Other Cantributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Permonard my note no the
13. NAME JUNE 6. Besugman  14. BIRTHPLACE (city or rough). Plas leps form ma	Neme of operation.  Date of
(State of Council)	What test confirmed diagnosis? ( 200 party Was there en eulopsy?
15. MAIDEN NAME Sarah 6. Mangling 16. BIRTHPLACE (city or town)	23. If deeth was due to external ceuses (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town)  (State or country)  Massestand	Accident, suicide, or homicide?
17. INFORMANT liver Assuman Son	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR RAMOVAL Place Drawn Ludge Date Sept 20, 19.37	Manner of Injury
19. UNDERTAKER William Berry mant den	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Depr (8, 19.37) Offers here Registrar.	(Signed) Assert Selection M. D. (Address) Seesterstown nich
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

RLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of info	hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
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OR	HA	st si	
REC	H,	Exa	
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NE	CT	sified	
RMA	XA	class	
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S	st	pi pi	cel
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X I	plnor	may	very important. See instructions on back of certificate.
Z	E S	it it	on
S	AG	tha	ions
ADI	d.	3, 56	ruct
Z	pplie	erm	inst
H	ns /	ain t	See
WIT	full	n pl	nt.
χ,	care	H i	orta
N	be	EAT	imp
Y		~	
7	pluc	FI	ery

1 0 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Baltimore County Registration Dist. No. Towson 12 Dixie Drive Village or City\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. Length of residence in city or town where death occurred... May S. Boyd 2. FULL NAME 12 Dixie Drive (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word)
Widow Female. White (Year) 5e. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from Harry Parker Boyd (or) WIFE of 6. DATE OF BIRTH (month, day, end year) Mar. 19. 1867 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, ---- hrs. 70 The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION None 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) spant in this this occupation (month and occupation\_ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) Maryland (State or country) Dr. Marbury Brewer FATHER 13. NAME 14. BIRTHPLACE (city or town) \_\_\_\_ Name of operation\_\_\_\_\_ (State or country) Maryland MOTHER Albina --15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: Maryland Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_19\_\_\_ 16. BIRTHPLACE (city or town) .... (State or country) Where did injury occur?\_\_\_\_ 17. INFORMANT Mrs. Thos. L. Berry Jr. (Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address) 12 Dixie Drive, Towson 18. BURIAL, CREMATION, OR REMOVAL St. Mary's, Govans Néture of injury. 24. Was disease or injury in any way related to occupation of deceased? 805 If so, specify 20. FILED (Address) LD 9 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

mation should b

-WRITE

CAUSE OF DE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis EIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

of OCCUPA.

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

3650

1. PLACE OF DEATH		CERTIFICATE OF BEATH
County Balternore		Registration Dist. No. 40
Village or City Notels Cliff		No. St Word
Length of residance in city or town where death occu	ırredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sister Mary	Pierre Burs	7.3
(a) Residence: No. ViPfa Maria	sual place of abode)	St.,Ward.
PERSONAL AND STATISTICAL I		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SING	LE, MARRIED, WIDOWED,	21. DATE OF DEATH
- Fernale White ORI	DIVORCED (write tha word) Single	Sept 25
5a. If married, widowad, or divorced HUSBAND of		(1441)
(or) WIFE of		22. I HEREBY CERTIFY. That I attended daceasad from
6: DATE OF BIRTH (month, day, and year) Aprip	16-1888	June 13 , 1937, to Sept 25 , 1937   Hast saw h. L. alive on Sept 22 , 1937; death is said
	Days If LESS than	to heve occurred on the data stated above, at 1, 25 A m
: 49 5 9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade, profassion, or particular kind of work done, as SPINNER,		Pulmonary Tubendoris Date of onset
SAWYER, BOOKKEEPER, etc. TRAC	her_	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		,
10. Date decaased lest worked at this occupation (month and	1. Total tima (years) spent in this	
yaar)	occupation	Ohb. Court and C
12. BIRTHPLACE (city or town) Ballins	e, Md.	Other Contributory Causes of importance:
(State or country)	0	
13. NAME Thomas  14. BIRTHPLACE (city or town)		
4. BIRTHPLACE (city or town) (Stata or country)	eland	Nama of operation Data of
15. MAIDEN NAME NOT a M	100000	What test confirmed diegnosis? Was there an autopsy?
	and	23. If death was due to external causes (VIOLENCE) fill In also the following:
(State or country)		Accident, suicide, or homicide?
17. INFORMANT Sy. Mary Clara		(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Notch Eliff. Md	TOOLS OF MITODESCIPERAGE.
18. BURIAL, CREMATION, OR REMOVAL	Contonia gr	Manner of injury
Pieca Notch Cliff.Privotete	Septayin 1937	Nature of injury
19. UNDERJAKER GOO M. F.	ink & Son.	24. Was disease or injury in any way related to occupation of dageased?
9/2)(3) Pall No Wo	man=11	If so, spacify
24/FILED/ // CLIS (LIST)	Registrat.	(Signad) M. D.
If more blanks are		(ACUTESS)  411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREAU Y.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1./1	PLACE OF	DEATH				
1	County	Ba	lton	er Bu	Registration Dist. No. 42	
	Village or Cit	y Zan	down	ie	11. 105- 32d ave	
1	Longth of sould	ence in city or town where		(1	MO. St., W If death occurred in a hospital or institution, give its NAME instead of street and number)	aı
		0	-		sds. How long In U.S. if of foreign birth?yrsmos	_d
2. 1	FULL NAM	1-1-	y Van	ce Bux	The state of the s	
	(a) Residence	e: No. 105 -	(Usual place	of shods)	St., Ward,	
	PERSONA	AL AND STATIST			If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	-
3. SEX	-	4. COLOR OR RACE	5. SINGLE, MAI	RIED, WIDOWED,	21. DATE OF DEATH	_
ted	male	White		(write the word)	Sept 16 = 193 7	
5a. If #	mercied, widowed	f, <del>or divorced</del>			(Month) (Day). (Year)	
(0	or) WIFE of		D. Bu	Tou.	22.   HEREBY CERTIFY, That I attended deceased f	ro
			- are K	1215	1937, to 27%: 16 ,193	1-
7. AGE			Oays	If LESS than	l last saw h alive on, 192 / ; death is	sai
	72	7	10	1 day,hrs.	to have occurred on the date steted above, at	
_   8.	. Trade, professi	ion, or particular	1 7	ormin.	were as follows:  Outros  Outros  Outros	180
ō l	kind of wor	rk done, es SPINNER, COOKKEEPER, etc.	It Her	us		
UPATION	. Industry or bu	isiness in which fone, as SILK MILL,	Sal	/	Myorandus	
()	SAW MILL,	BANK, etc	11 70			
0 10	this occupa	tion (month end	spe	ime (years) nt in this upation		
		0.0	. 4	apatton	Other Contributory Causes of importance:	
1	THPLACE (city of Country of Count		rswille	Va	Cholocyster	
œ   13.	. NAME	annetas	1 7:4	٤ .	- water garlwenter 11 45	
14. 14.	BIRTHPLACE (	Xo	ne then't	10.	n. Andrews	
E 14.	(State or co			Va.	Name of operation Date of	
원 교 15.	MAIDEN NAME	anel	'a Vi	ets	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. 16.	BIRTHPLACE (	eity or town)	udon (	2	Accident, sulcide, or homicide? Date of injury, 19	
Σ	(State or co			Va.	Where did injury occur?	
17. INFO	ORMANT	Blanche	E. 7	pole	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
	(Address) /C		Lang	downe		
	2	N, OR REMOVAL	Solo	15 K ac	Manner of injury	
	Place Vous	doy Park	Oete	19.3.	Nature of Injury	
	DERTAKER	Will Co	of	,y	24. Was disease or injury in any way releted to occupation of deceased?	
	(Address)	121/ 5	J. Harek	ST.	If so, specify	
20. FILE	D. Jugar	7 19.37 /2	coffie	ger	(Signed) A charl man graff M	. I
	/ /	/		// Registrar.	(Address) YOV//Jacantary -	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA.

stated EXACTLY.

certificate.

See instructions on back of

TION is very important.

. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
UDDATIONAL	DI ZIUI	T. OTC	T. O TO T TENTIL	DATE THE TANK TO	DI	T THE POYOTETAL

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9652
1. PLACE OF DEATH	2107m
Village or City Sanous Jours, Md.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where daath occurredyrs,mos.	
(a) Residence: No. 904 II Street (Usual place of abode)	St., Ward.  If U. S. Veteran, specify WAR Wall an Holling.  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male Roll Roll Roll Roll Roll Roll Roll Ro	21. DATE OF DEATH  September 12th, 1937  (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of anne Brad	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (24 / 893) 7. AGE Yaars Months Days If LESS than	I last saw h; death is said to have occurred on the data stated above, atm.
## I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data daceased last workad at this occupation (month and spent in this	accidental
yaar) occupation	Other Cantributary Causes of Importance:
(Stata or country)  (Stata or country)	
13. NAME Grant Byrd  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. MAIDEN NAME  18. MAIDEN NAME  19. MAIDEN NAME  10. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suiside, or homicide: Automobile Data of injury 9/12/5719  Where did injury occur? Hanne Found, Med
17. INFORMANT Crusic My Byed. (Address) 90 H & Stud	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Stray to 10 Place when y true territory Date 1 1997.	Manner of injury / Jyken Neels  Nature of Injury
19. UNDERTAKER aschitated a Haddis (Addrass) 2600 mg Queera pl	24. Was disease or injury in any way related to occupation of deceased?
20. FILES SAVIS , 1937 G. P. P. Savis Commic of m. Registrat.	(Address) farming lower, Med,
If more blanks are model address Coats Devision -	A A . Ct

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Other contributory causes of importance:  Gallstones	N 4 4000	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year
		Sr	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICI	AN

-WRITE PLA

STATE OF	MARYLAN	ND-CERTIFICATE	OF	DEATH

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U	U	1)	()	

1. PLACE OF DEATH  County Balteman	Registration Dist. No. 1823
Village or City Herefore	NoSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  asds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Colara Wilkinson Cas	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH  Sept 29  (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That Lattended deceased from  1934, to Sept. 29, 1937.
DATE OF BIRTH (month, day, and year)  AGE Years Months Days If LESS than 1 day,hrs orhrs	i las saw h elive on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupetion (month end spent in this	
2. BIRTHPLACE (city or town) Manualle (State or country)	Other Contributory Causes of importance:
13. NAME James Selson  14. BIRTHPLACE (ofty or town)	Name of operation Provide Date of What test confirmed diagnosial Sural Bland Upwar Was there an europsy? No
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  Mrs. Belly W. Orice	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) Musheston max.  8. BURIAL, CREMATION, OR REMOVAL Place Inf Zien Date Oct 1 , 1937	Menner of injury
19. UNDERTAKER Dean Toler (Address) Belangun	24. Was disease or injury in any way related to occupation of deceased?
20. FILE Ct. 12, 197ME Richardson. Registrar.	(Signed) MAS Co Curly M. D.  (Address) White Haft, Marshaus

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9654
1. PLACE OF DEATH	
County Balling me	Registration Dist. No. 30
Million on Call and III by	
CO TO TO TO (II	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Werson Thom	ias cole
(a) Residence: No. Celanoral (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Left 3 1937
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22.   HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Self 2-37	19
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove et 2 Pm.
1 day, 17 hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trada profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	carolino tailuro: 12 hrs
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11 Total tima (years)	aning thereby congenital heart dia-
this occupation (month end spent in this occupation	Lease. Cruzs R.
12. BIRTHPLACE (city or town) County 20 at 1	Other Coutributory Causes of Importance
(State or country)	- Okmo Whalter,
13. NAME Sermand Cale	Colorer
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME MEANING	23. If death was due to axternal causas (VIOLENCE)-fill in elso the following:
E 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Discours Danle.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & arrivallely on Dep 4., 1937	Nature of injury
918 Druid Belows Holte	24. Was diseasa or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED lyl 3, 1937 marshall a host	(Signed) Marshall B West M.D.
Registrar.	(Address) (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 2 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1.1923	Other contributory causes of importance:  Gastroenteritis	1
datames	May 1,1323	Cust better tus	1 year

ADDITIONAL	SPACE	FUR	FURTHER	STATEMEN	15	ы	PHISICIAN	
						- 1		

AGE should be stated EXACTLY.

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CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1 N. B.—I

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

)F	DEATH	9655
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1. PLACE OF DEATH		940	111
County Balto		Registration Dist. No	77
Village or City of farrow	Point	NoSt.,	Ward
	2/- (i	if death occurred in a hospital or iostitution, give its NAME instead of street a	and number)
Length of residence In city or town where	death occurred yrsmos	sds. How long in U.S.If o1 foreign birth?yrs	mosds.
2. FULL NAME USbox	ne M (Onber	If U. S. Veteran, specify WAR	
(a) Residence: No. / 30.5 /	(Usual place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	н
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day)	, 193 7 (Year)
5a. If married, widowed, or divorced	-	(month) (bay) .	(Teal)
HUSBAND 01 Leona E	Coney	22. SEFT 17 1937 to Seft 18	ided deceased from
6. DATE OF BIRTH (month, day, end yeer)	an 29 1900	t last saw h. Jon elive on	37.; deeth is seid
7. AGE Yeers Months	Deys If LESS than	to heve occurred on the date steted above, at D	
7. AGE Yeers Months 3 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	2 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:	Pata al assat
Trede, profession, or perticular kind of work done, es SPINNER, CSAWYER, BOOKKEEPER, etc.	hauffer	anyone Vectorio	Sept 17/21
Harry or business in which	blehem Itel Co		
5 0 10. Date decessed lest worked at this occupetion (month and	11. Total time (yeers) spent in this		
12. BIRTHPLACE (city or town) Pho (State or country)  13. NAME George	occupetion	Other Contributory Causes ol importance:	
(State or country)	Balto Como	2	
13. NAME Teorge CO	Coney		
14. BIRTHPLACE (city or town) - H-LC3	ford o	Name of operation Dete	01
(State of country)	md	What test confirmed diagnosis? Wes there	en eutopsy?
15. MAIDEN NAME Estalla	V Seits	23. If deeth wes due to external ceuses (VIOL ENCE) filt in elso the 10110	owing:
15. MAIOEN NAME Estable  16. BIRTHPLACE (city or town)  (State or country)		Accident, suicide, or homicide? Date of injury	, 19
State or country)	ma	Where did injury occur?	
17. INFORMANT AS LEAS A (Address) 13.05 Fores	E Conesy + Rd	(Specify city or town, couoty and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	C PLACE.
	0	Manner of injury	
Plece Parkwood	Date Jeft 21 , 1937	Nature of injury	
19. UNDERTAKER John Fr. (Address) 7/5-7/6	Denny	24. Was disease or injury in eny way related to occupation of deceased	no
20. FILED 24 18 , 193)	Automics h	(Signed January 6 Electrical)	€ M.D.
	Registrat.	(Address)	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year	

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Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT .. (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury 24. Wes disease or injury In eny way related to occupation of deceased?\_\_ 19. UNDERTAKER (Address)

If so, specify\_ 20. FILED QUAT 12 193 (Address) Aast Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(4) 0 9	
Other contributory causes of importance:		Other contributory causes of importance:	10 (m) (d)
Gallstones	May 1,1923	Gastroenteritis	1 year
		1000	

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	-----	---------	------------	----	-----------

	U	Ins
	B.—WRITE PLANTY, WITH U	mation should be carefully sur
	X,	car
	Z	pe
	PLA	plnoy
	TE	S
1.	-WRI	mation
. No. 1	B.	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3657
1. PLACE OF DEATH	6 13
County Baltimore	Registration Dist. No. 33
Village or City Boring	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred yrs 6 mos	
2 4 2	Leave If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DINORCED (write the word)	21. DATE OF DEATH Self 27 1937
5e. If merried, widewed, or divorced HUSBAND of (or) WIEE of Jeorgia Cullision	22. I HEREBY CERTIFY That Lattended deceased from
6. DATE OF BIRTH (month, dey, end year) July 23-1737	I lest saw h_ elive on, 195/; death is said
7. AGE Years Months Oays If LESS than 1 dey,hrs.	to heve occurred on the date steted above, et 7 - m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	were as follows:  Oata of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this occupation (month end	Chronie Myocardely 1930
SAW MILL, BANK, etc.  10. Date decessed last worked et this occupetion (month end year)  year)  11. Total time (years) spent in this occupetion	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	arterioschrous
13. NAME Lesse Cullisin	
13. NAME Lesse Bullisia  14. BIRTHPLACE (city or town)  (Stete or country)	Name of operation Dete of
15. MAIDEN NAME WYCLOWY	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Oate of Injury, 19
17. INFORMANT Willow Bengon	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, EREMATION, OR REMOVAL  Place VI A VI Oate Sept 30, 1937	Manner of injury
19. UNDERTAKER Edwalpton	24. Was disease or injury in any wey related to occupetion of deceased?
20. FILEO Sefr 28, 19 DRud mi	(Signed) URSDUME M. D.
Registrar.	(Address) Mariettesti Mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1.3/				
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

V. S. No. 1 B.

inf st: UP	1. PLACE OF DEATH	
or of	County Balto	Registration Dist. No. 38
should of OCC	Village or City / tar Kville	No. 9 Texas ars Ward
Sign		If death occurred in a hospital or institution, give its NAME instead of street and number)
AN	2 . 2 6	sds. How long In U.S. if of foralgn birth?yrsmosds.
CORD, Ever PHYSICIAN ct statemen	2. FULL NAME Clause 13, Davidson	or or votorally appoint with
RD. YSJ sta	(a) Residence: No. 9 Tycas Corne (Usual place of abode)	Ward.  If nonresident give city or town and State
PECO -RH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
FA	Franks White OR DIVORCED (write the word)	Jefet 22 1937
Tied	5a. If merried, widowad, or divorced	(Month) (Oey) (Yeer)
RMANEN X A C T I classified.	(or) Wife of William H. Davidson	22. I HEREBY CERTIFY, Thet I attended deceased from
Transport of the Contract of t	TI AM 1212	lingust ,1935, to Sept 22, 1937
IS A PE stated E properly certificate.	6. DATE OF BIRTH (month, day, and yaar) Vally 2 1862  7. AGE Yaars   Months   Days   If LESS than	I last saw h fin alive on Sofstit 32 4d, 1937; death is said
IS A stated proper ertific	1 dayhrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
IS star pro	S Trade existence or particular	wara as follows:
IIIS be be of	No. Hard Profession, of particular to the second of the se	Chronica unterstitied Prior to
print		Majamans anteriarements 1935
should it may n back	9. Industry or Dusiness in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date daceesed last worked et this occupation (month and this coccupation (month and the complete this occupation).	aholslewy 9/15/2-
0 + 12	2 Shellet III (1112)	71.3.7.57
NFADING I. oplied. AGE erms, so that instructions o	year) occupation	Other Coatributory Causes of Importence:
DITA So so icti	12. BIRTHPLACE (city or town) Sactor (State or country)	
FA ied ns, stru		
	13. NAME Volum Zink	
E .= 00	14. BIRTHPLACE (city or town) / Salto C (Stata or country) Red.	Name of operation Date of Date of
5 6		O THOU CHI GO CHOTA ON A GOOD ST
MLY, WITH be carefully EATH in plain important.	I	23. If daeth-was due to external causes (VIOLENCE) fill in elso the following:
MLY, be cal EATH import	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide2
be EA	m. 8 V.	Whare did injury occur? (Specify city of town, county and State)
PLA hould OF D	17. INFORMANT CAN CAM - Praticilla	Specify whether injury occurred in INOUSTRY, in HOME, or im PUBLIC PLACE.
Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
E E :	Place Chail Ridge Data 2/2t 25 = 1937	Nature of Injury
E P B S	19, UNDERTAKER WW Cook	24. Wes disease or injury In any way ralated to occupation of decaased? 200
TEOH	15. UNUER TAKER	- I double of the state of the

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signad)

(Address) - Las Revision

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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I	Example I		Example II		
The principal cause of de of importance were as fol Arteriosclerosis	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	The state of the s	1021	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT # 1937	July 5, 1927	Peritonitis	3 days ago	
	BUREAU Y.	5.			
Other contributory causes	of importance:	*	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

B.—WRITE PLAINLY,

ż

V. S. No. 1

STATE OF	MARYL	AND-CE	ERTIFICA	ATE	OF	DEATH
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los	6				
7	6	18	5	1	1
	3	11	1	1	ğ.
	6	1)	20	1	

1.	PLACE O	F DEATH			940	
	County B	ALTIMORE			Registration Dist. No. 4-3	
					ND. HIGHVIEW Ave St.,  death occurred in a hospital or institution, give its NAME instead of street and nu  ds. How long to U.S. if of foreign birth? yrs. mos.	
				yrs,mus		u
2		ME JOHN DE				
	(a) Residen	ice: No. HIGHVIE	W& TAYLO	OR AVES	St., Ward.  If nonresident give city or town and S	tate
-	PERSON	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. S	EX TALE	4. COLOR OR RACE		RIED, WIDOWED, ) (write the word)	21. DATE OF DEATH  9 (Month) (Day)	193 <b>3</b> .7.
5e.	If merried, widow HUSBAND of	ved, or divorced				
	(or) WIFE of	ELIZABETH	DEINLE	N	22. I HEREBY CERTIFY, That I attended de	eceesed fro
e F	ATE OF DIDTH	(month, day, end year)	CE OF T	0.67	Hest saw harman alive on frunk plant	deeth is sai
7. A			Deys	If LESS than	to have occurred on the date steted above, etm,	
	69	71	7	1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:	
_[		ssion, or particular	1 1	i ormin.		Data of onse
O	kind of v	work done, as SPINNER, BDOKKEEPER, etc.	RETIRED		angma Pectoris	
PAT	9. Industry or	business in which s done, as SILK MILL,	MERCHANT			
OCCUPATION	SAW MII	LL, BANK, etc			V	
0	this occu	pation (month end	sper	me (years) It in this pation		
	) ( ) ( ) ( ) ( )			patton	Other Contributory Causes of importence:	
12.	BIRTHPLACE (ci (State or cou		MD		-	
œ	13. NAME PA					
FATHER			THIN		Name of operation	
FA		(city or town)	RMANY		Whet test confirmed diagnosis? Wes there en eu	
2	15. MAIDEN NA	ME UNKNO	MM		23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	тораў г
MOTHER					Accident, suicide, or homicide?	19
울	(Stete or	(city or town)	GERMAN	Y	Where did injury occur?	
17. INFORMAN BERNARD DEINLEIN (SON) (Address) 917 N KENWOOD AVE				J.)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18.		TIDN, DR REMDVAL			Manner of injury	
Plece HOLY RUDDILLER Date 5 PPT 30 , 1937				30,197	Nature of injury	
19.	UNDERTAKER _ (Address)	Telly ?	Maly	J-	24. Was diseese or Injury in any way releted to occupation of deceesed?	
20.	FILED 91	28,1937	S.a.E.	to mo	(Signed) Sustaine G. May. (Address) 680/ Belaux & Bel	M.

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Example I		Example II	
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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

œ

PHYSICIANS should state Exact statement of OCCUPA.

Village or City Catonsville No. 606 North Bene	ration Dist. No. 12
(If death occurred in a hospital or institution, give in Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign by	NAME instead of street and number)
2. FULL NAME Wm. Arthur Delcher, If U. S. Veteran, specify W (a) Residence: No. 606 North Bend Road St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFI	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word) Married  Married  (Month)	SEP 9-1937, 193 (Year)
5a. If married, widowad, or divorced HUSBANO of (ac) WIFE of 22. I HEREBY CER	TIFY Thet I attended daceesed from to Sept. 9, 1937
6. DATE OF BIRTH (month, day, end year) July 17. 1879  7. AGE Years Months Deys If LESS than 1 dey, hrs. or min.  8. Trade, profession, or particular 23 or min.	19.37; death is said 11.42 m. ad causas of importance  Oate of onset
SAWYER, BOOKKEPER, etc.  SAWYER, BOOKKEPER, et	, , , , ,
E 13. NAME Wm. Delcher,	
14. BIRTHPLACE (city or town)  (Stata or country)  Baltimore Md.  What test confirmed diagnosis? MR.	af Was there an eutopsy? U.A.
2 (State or country) Baltimore Md.  Whare did injury occur?  (Specify whether Injury occurred in INOUSTR	City or town, county and State)
Place Data Alabara of initian	
19. UNDERTAKER 24. Wes disease or injury In any way related (Addiass) 2700 Edmondson Ave. If so, specify	o occupation of daceasad?
20. FILEO	monde on oro

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		See 34	
Other contributory causes of importance:		Other contributory causes of importance;	ALL ALL AND
Gallstones	May 1,1923	Gastroenteritis 2.	1 year
		7.35	1
		The state of the s	

FOR BINDING	IS A PERMANENT	stated EXACTLY
ARGIN RESERVED FOR DINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY
	-WRITE PLANKY, WITH	mation should be carefully

PIIYSICIANS should state

Exact statement of OCCUPA.

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

CTATE O	E MAD	VI AND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	r MAK	TLAND	CERTIFICATE OF DEATH	661
County Baltimore			Registration Dist. No. 23	
			No. Spring Grove St. Hosp. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where de	eth occurred	) ) mosvrs	death occurred in a hospital or institution, give its NAME instead of street and nutyrs	mber)
2. FULL NAME Lenna De			If U. S. Veteran, specify WAR	
(a) Residence: No. 4146 Fal	ls Road		St. Ward.	
Baltimore PERSONAL AND STATISTIC	(Usual place		If nonresident give city or town and St  MEDICAL CERTIFICATE OF DEATH	ale
	5. SINGLE, MAR	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	193 7
5a. If married, widowed, or divorced	WIGC	oweu		(Year)
HUSBAND of (or) WIFE of Samuel P.	Densmore	9	22. I HEREBY CERTIFY, That lattended de September 2 1937 to September 9	19 37
6. DATE OF BIRTH (month, day, and yeer)	nknown	1005	Hast sawh er alive on September 9 ,19 37;	death is said
7. AGE Years Months 76 ? ?	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at _10250_mp om o  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
SAWYER, BODKKEEPER, etc	SDE	time (years)	Generalized arteriosclerosis bef Diabetes bef	
year) 1936  12. BIRTHPLACE (city or town) Charle		upationlife_	Dther Contributory Causes of Importance:	
(State or country)			Senility bef	. 1937
13. NAME James Kelty  14. BIRTHPLACE (city or town)?  (State or country)			Name of operation	
15. MAIDEN NAME Sarah Masse	У		23. If death was due to externel causes (VIDLENCE) fill in also the following:	no
15. MAIDEN NAME SAPAH WASSE  16. BIRTHPLACE (city or town) ?  (Stete or country)  17. INFDRMANT HOSPITAL recor			Accident, suicide, or homicide?	
(Address)  18. BURIAL, CREMATION, DR REMDVAL Place PROPORTION FOR LEGINAL PROPORTION PROPERTY	Date SEPT	T 11 , 1937	Menner of Injury	
19. UNDERTAKER Wom I Light Mouth	- ga	M	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED	Step	Registrar.	(Signed) (Address) Cataland Co. S. No. 1.	M.D.

V. S. No. 1

N. B.—WRITE PLANTY,

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li li	Example II
Date of onset	The principal cause of death and related causes of importance were as follows:
1915	Attack of epilepsy 1 week ago
1921	Run over by street car 1 week ago
July 5,1927	Peritonitis 3 days ago
	[B & O]
	Other contributory causes of importance:
May 1,1923	Gastroenteritis 1 year
	14 60 4
	1 m B1
	1915 1921 July 5,1927

-WRITE

V. S. No. 1

9662

1. PLACE OF DE	EATH			956	
County Bal	timore			Registration Dist. No. 31	)
Village Dr City	Catonsvi	la leath occurred	Vre mos	No. Spring Grove State Hosp. St., death occurred in a horpital or institution, give its NAME instead of street and number of the street and str	Ward
2. FULL NAME					
	ALL MARKET AND AND ADDRESS OF THE PARK			St., Ward.  If nonresident give city or town and St	ate
	AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
female 4.00	white		RIED, WIDOWED, D (write the word) 10	21. DATE OF DEATH September 2 (Month) (Dey)	193.37 (Year)
5a. If married, widowed, or HUSBAND of (or) WIFE of	divorced			22.   HEREBY CERTIFY, Thet   attended de August 24 19 16 September 2	
6. DATE OF BIRTH (month	dey, and yeer) Fel	ruary 7.	1869		death is said
<b>7. AGE</b> Yeers 68	Months 6	Days 25	If LESS then 1 dey,hrs. ormin.	to heve occurred on the dete stated above, et 7:12 Amm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
	one, as SPINNER, KKEEPER, etc	jani tress		Generalized arteriosclerosis bef	
	as SILK MILL, NK, etc	ublic sc		Arteriosclerotic heart disease"	11
1D. Date decessed last this occupation yaer)	(month end	spe	ime (years) nt in this upetion <u>l_i_f</u>	Dther Contributory Causes of Importence;	
12. BIRTHPLACE (city or to (Stata or country)	wn) Marylar	nd		Senile changes bef	1937
13. NAME John	n Dolphin				
13. NAME John		and		Name of operation Date of Date of Whet test confirmed diegnosis? <u>clinical and</u> Westhere en eu'	
15. MAIDEN NAME	Carolin	e Schult	2	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:	no
16. BIRTHPLACE (city of	or town)Me	ryland		Accident, suicide, or homicide?	
17. INFDRMANT Ho	ospital rec	ords	/	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMAPION, D		Date 9/	1937	Manner of injury	
19. UNDERTAKER (A)2	alone,	ross.	Et	24. Wes disease or injury in eny way releted to occupation of deceased?	no-
20, FILED 9/2	.,19 2/2	Su	Registrar.	(Signed) Chart He here of	M. D.
	If more	blanks are pleased,	add s Sigte Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1 14
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	mercan di	Other contributory causes of importance:	∠ δ
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICI	AN
-----------------	-------	---------	------------	----	---------	----

, ·	CERTIFICA	TE OF DEATH	9663
1. PLACE OF DEATH ()	wy	Registered ]	No 42
CITY OF BALTIMORE: (No.	Annapolis Rd Ros	It des	eath occurred la or institution NAME instea
Length of residence ln city or town	where death occurred 1 yrs 5		and number.)
2. FULL NAME Mary		If U. S. Veteran	
		t St., Ward.	
(Usu	al place of abode)	St.,	town and State)
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX 4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) Se 67	+ 17 th
F	Widowed	22. I HEREBY CERTIFY, That I attended	d deceased fro
5a. If married, wildowed, or divorced HUSBAND of	cap. artury, collon mill, ac-	Jan. 16 1931 to Dept.	
(or) WIFE of Jessie	A. Downey	I last saw her alive on Dept 16, 193	Selfer - Self-ready September 1844 - September 1844
6. DATE OF BIRTH (month, day, year	Sept. 27.1866	to have occurred on the date stated above, at 9.30 p.n	n.
7. AGE Years Months	Days If LESS than	The principal cause of death and related causes of importance were as follows;	Date of one
70 11	20 1 day,hrs. ormin.	Sypertensine Carses -	
kind of work done, as spinner, sawyer, bookkeeper, etc	11. Total time (years) spent in this occupation.	Other contributory causes of importance:	
12. BIRTHPLACE (city or town)	aryland	Was an operation performed?Date of	
E 13. NAME Charles E	Schnap	For what disease or injury?	
13. NAME Charles E 14. BIRTHPLACE (city or town) (State or country)		What test confirmed disknowled was there an 23. If death was due to external causes (violence) fill	autopsy? Zco
15. MAIDEN NAME Mary N	ichols	23. If death was due to external causes (violence) fill lowing:  Accident, suicide, or homicide?Date of injury.	
I6. BIRTHPLACE (city or town) (State or country)	-	Where did injury occur? (Specify city or town, co Specify whether injury occurred in industry, in hor	ounty, and State)
INFORMANT Marie Win	k	place	me, or in publ
(Address) Annapolis R		Manner of injury	80-1008 60 000 000 000 000 00 00 00 00 00 00 00
18. BURIAL, CREMATION, OR REMO		Nature of Injury	>
19. UNDERTAKER LEEGLE	ief a Lole	24. Was disease or injury ln any way related to occupa	
(Address) / 1/10 (U) Zo- 20. FILED (20. 1927)	March St	(Signed Alles W. Duple	CM. 1

executed within

BINDING

MARGIN RESERVED FOR

V. S. No. 1

PERMANENT RESERVED. Every Atem of infor-	d EXACTLY. PHYSICIANS should state	erly classified. Exact statement of OCCUPA-	cate.
SA	tate	rope	ertif
IIS	be s	be I	of co
BWRITE PL. ALY, WITH UNFADING INK-THIS IS A PERMANENT RESORD. Every stem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3664
1. PLACE OF DEATH	(8) 18
county ( ) celte	Registration Dist. No.
Village or City Canendal	agree ans St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Myles Durkin	
Z. FOLL MAINE	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Sept 29 193 7
5a. If married, widowed, or divorced	(Month) (May) (Year)
HUSBAND of (or) WIFE of 4	22. A HEREBY CERTIFY, That I attended deceased from
Market Life	- 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year) Offer 18. 810	I last say h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
6 / / / / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Catured Coal SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et   11. Total time (years)	Outral Herrinty
9 Industry or business in which work was done as SILK MILL	
work was done, as SILK MILL, SAW MILL, BANK, etc	(Cerebral)
O this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 9 Clark	
(State or country)	mys-5densis
13. NAME Vand Durien	
14. BIRTHPLACE (city or town)	Name of operation Date of .
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME JUST OGN Campbell	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
S (State or equatry)	Where did injury occur?
17. INFORMANT Ase Magner (Address) 3 & genner	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, ESEMATION, OR REMOVAL	Manner of Injury
Place A A aun Date Cert 1, 1932	Nature of injury
19. UNDERTAKER TO P. Molli and	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Oct 12,19 37 fl McComican	(Signed) . (Signed) . M. D.
Registrar.	(Address) - Aparanotteur
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
Transcorres	May 1,1825	Tusi vente ius	1 year

V. S. No. 1

	LAND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	(205:9)
County Dalline	Registration Dist. No.
Village or City Orlander Game	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence or city or town where death occurred	_yrsds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME 2 domund her	Clirt If U. S. Veteran, specify WAR
(a) Residence: No. 36 23 Old York	Rd. St., Ward. Ballimore Md.
PERSONAL AND STATISTICAL PARTICU	JLARS MEDICAL CERTIFICATE OF DEATH
3. SEX White S. SINGLE, MARRIE OR DIVORCED (	
ia. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year)	9   0
A. AGE Years Months Oays	If LESS than to have occurred on the date stated above, atm.
00   33	1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Slectronian SAWYER, BOOKKEEPER, etc.	Uate of ones
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Steel Mill SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (menth and	Velper accidental Meath
9. Industry or business in which work was done, as SILK MILL, Steel Mill, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (menth and spent)	
	other Coatributory Causes of importance;
12. BIRTHPLACE (city or town). Baltimore Md. (State or country)	
13. NAME John T. Elliott	
14. BIRTHPLACE (city or town) Baltimore	Md. Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Gertrude Robinson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Baltimore (State or country)	
17. INFORMANT HOWARD Elliott	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Creech Chest Internal Impures - Mac
Place Louden Park Oate Sept	2. 7. 19 3. A Nature of Injury Right Warm Alest Recording right White
19. UNDERTAKER George L Schwab (Address) 2101 Frederick Ave. Bal	24. Was disease or injury in any way related to occupation of deceased?
MICE TIONS THE STORY	in so, specify

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance)	
Gallstones	May 1,1923	Gastroenteritis	1 year
	`	000	
	3		6
		199	37

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
4	1	
	·•, (10 pt 10 pt 1	
		3

N. B.—WRITE PL.

V. S. No. 1

m of infor-	hould state	OCCUPA-	
3D. Every ite	rSICIANS s	statement of	
ENT RECO	CLY. PHY	ed. Exact	
PERMANE	4 EXACT	rly classifie	cate.
THIS IS A	d be state	ty be prope	k of certifi
ING INK-	AGE shoul	o that it ma	tions on bac
H UNFAD	y supplied.	ain terms, s	See instruc
MILY, WIT	be carefull	EATH in pl	important.
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-8
County / Saltiume	Registration Dist No. // 30
Village Dr City Calmervell	Nothing Jean Wal Asigh Ward
Length of residence in city or own where deeth occurredyrs,	death securred in a hospital or histitution, give its NAME instead of street and number)  2. ds. How long in U.S. if of foreign birth?
2. FULL NAME James C Eves	If U. S. Veteran, specify WAR
(a) Residence: No. 1528 2 Fart and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX  4. COLOR OR RACE OR DIYORCED (write the word)  Will Willows	21. DATE OF DEATH (Month) (Day) (Yest)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Wary Eves	22.   HEREBY CERTIFY, That y attended deceased from 19.78 to 13.19.3.7
6. DATE OF BIRTH (month, day, and yeer) Warch 12. 1860	Wast saw h. Man alive on Stell 1 3 1; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 3. a.m.
77 6 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end 1928)  year)  Occupation (month end 1928)	Acuralized artero Schoon Refu arterioscherte Heard Resen 1928
12. BIRTHPLACE (city or town) Marugland (State or country)	Other Contributory Causes of importence:  Senter  September 1997
I 13. NAME James Eves	7 1928
13. NAME AULE GOLD TOWN State or country)	Neme of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causas (VIOL ENCE) fill in also the following:  Accident, sulcide, or homicide?
17. INFORMANT Junuos Starre (Address) 5° 2 8 8 2 2001 and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Deve Cathedral Curpote Sign 17 1937	Menner of injury
19. UNDERTAKER Fred & fleause & Dere (Address) 2 6 Charles St.	24. Wes disease or injury in any vay related to occupation of decessed?  If so, specify
20. FILED Seft 14, 1937 Marshall B West Registrars	(Signed) Olin J flushef M. D.  (Address) Cathlerell Meg.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		Sen	19
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		10.0	

PHYSICIANS should state

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

AGE should be

mation should be carefully supplied.

Exact statement of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

6	13	0	6
1	Ph	8 3	1
V	U	U	0

1. PLACE OF DEATH	21 0
County Dallimare	Registration Dist. No.
Village or Cit/EUDOWOOD SANATORIUM, TOWSUN,	MD, No. St., Ward
(If Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  L. J. d.s. How long in U.S. If of foreign birth?
A Com ED.	7-10
2. FULL NAME John Jerofile I lin	If U.S. Veteran specify WAR
(a) Residence: No. 3300 St. Paul (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
OR DIVORCED (write the word)	September 4 , 193 7 (Month) (Dey) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Quent fluin.	22. I HEREBY CERTIFY, That I still added deceased from august 23 p37 p Sylvery 4 1937
6. DATE OF BIRTH (month, day, and year) February 13, 1965	Hast sawh Im alive on Site by 4, 1937; deeth is seid
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated ebove, at 5:22 A.m.
72 6 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Ticht Cgut SAWYER, BDDKKEEPER, etc.	Pulyman Tubuchan Man
kind of work done, as SPINNER, I Carlo Gardiner Sawyer, BDDKKEEPER, etc.  9.Industry or business in which work was done, as SILK MILL, Saw MILL, BANK, etc.  10. Date deceased lest worked at this occupation the second in this control of the second in this control of the second in this second in the second in the second in the second in the second in this second in the second in the second in the second in the	1936
1D. Date deceased lest worked at this occupation ground and 1937  11. Totel time (yeers) spent in this 50 occupation occupation	
12. BIRTHPLACE (city or town) Virginia (State or country)	Other Contributory Causes of Importance:
E 0.00	none
14. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diegnosis? X Many Was there an autopsys W
15. MAIDEN NAME armanda Rouzel	23. If deeth wes due to externel ceuses (VIDL ENCE) fill in elso the following:
15. MAIDEN NAME Amoula Kouzel  16. BIRTHPLACE (city or town) Viginia  (State or country)	Accident, sulcide, or homicide? Dete of Injury 19
Personal HistoryHospital Record	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address udowood Sanatorium, Towson, Md.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place Loudon and Dela Dela 1,193/	Nature of Injury
19. UNDERTAKER Strambage	24. Wes disease or injury in eny way releted to occupetion of deceesed? NO ,
(Address) 22247 Aharlegen	if so, specify
20. FILED 7/4 , 1937 A: M. Sacou Registrar.	(Signed) W W W M. D. (Address) Towson, Ma.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	10	S A'	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back of certificate.

TION is very important.

FOR BINDING

ARGIN RESERVED

9668

1. PLACE OF DEATH	
CountyBaltimore	Registration Dist. No. 30
Village or City Hebbville	No. Windsor Mill Road St. Ward
Length of residence in city or town where deeth occurred $ bigsquare$	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME John Fosbender	If U. S. Veteran, specify WAR
(a) Residence: No. Windsor Mill Road (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WILL OR DEVERCED ( Partie to the color of the color	DOWED, September, 12, 193 7  (Month) (Day) (Year)
5a. tf married, widowed, or divorced HUSBAND of (or) WtFE of Louisa S? Fosbender	1 HEREBY CERTIFY, That I attended deceased from 19.37
6. DATE OF BIRTH (month, day, end yeer) Dec. 13th. 1862	t lest saw h 104 alive on 24t 1/ ,19 77; death is said
	SS then to heve occurred on the dete stated above, at 4 A.m.
74 8 30 29 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8. Trede, profession, or perticuter kind of work done, es SPINNER, Retired	1 A Ghaut
Industry or business in which Farmer	musa as delas
work wes done, es SILK MILL, SAW MILL, BANK, etc	O L' O C' H D The Manuel 12/
11. Total time (years this occupation (month and 5 year)	30 Duration: from Listony, about througears.
12. BIRTHPLACE (city or town) Hebbville	Other Contributory Causes of Importance:
(State or country) Maryland	(11 1/1 x & Clauses 1931)
13. NAME Phillip Fosbender	17.00
13. NAME Phillip Fosbender 14. BIRTHPLACE (city or town) Germany (State or country)	Neme of operation Dete of What test confirmed diegnosis? Purposed Westhere an autonsy?
监 15. MAIOEN NAME Unknown	Whet test confirmed diegnosis? ** Whet test confirmed diegnosis? ** Westhere an autopsy? ** U. 23. If deeth was due to externet causes (VIOLENCE) filt in also the following:
15. MAIOEN NAME Unknown  16. BIRTHPLACE (city or town)  (State or country)  GETMANY	Accident, suicide, or homicide? Dete of Injury, 19
17. INFORMANT John E. Forbender	(Specify city nr town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hebbyille, Md.  18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Mt. Olive Cem. // Date Sept 14	, 19 Neture of injury.
19. UNDERTAKER 1003 W. Baltimore St.	24. Wes disease or injury in any way releted to occuration of deceased?  If so, specify
20, FILED 9/1/19, 19, Al Such	(Signed) L. M. D. (Address) 2220 Garrison Blvd.

If more blanks are needed, addless State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

-WRITE PLA

B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of de of importance were as fol	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DOT 2 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	U.O.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
-	And the second s			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			-	

AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-01
County Galtymore	Registration Dist. No.
Village or City Selen Bock ta B.	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Searce Howard - France	hmanif U. S. Veteran, specify WAR.
(a) Residence: No. Selen Rock Pa R. D.	St Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  September 2/, 193. 7.  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY That I attended decoased from
(or) WIFE of Comma Cooper Fourthman.	July 4- 1937, to Sept, 21-1937.
6. DATE OF BIRTH (month, day, and year) March 25, 1858.	West saw have alive on Sepha 19- , 1937; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
/9 3 26   1 day,nis.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, France & March	19-1-19-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL	Missal Regungelation
SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and 927 spent in this occupation occupation)	
12. BIRTHPLACE (city or town) Baltimore Co.	Other Contributory Causes of importance:
(State or country) And.	Colina d'eleronin'
13. NAME Samuel Fourtman	
13. NAME Jamuel Fourthman  14. BIRTHPLACE (city or town) Manheym,  (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (hristma sheaver).  16. BIRTHPLACE (city or town) Baltimore Ca.	23. If death was due to external causes (ViOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Ballsmore Co., (State or country)	Accident, suicide, or homicide?
(State of country) In a.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CARLING 1. HOURINGS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION OF REMOVAL	Manner of injury
Place Allego opte 1937	Nature of injury
19. UNDERTAKER HAVEY C. Leshie	24. Was disease or injury in any way related to occupation of deceased?
(Address) Then Coch To	If so, specify
20. FILED PAR 200-, 1937 Bannel J. Miller	(Signed) Address M. D.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 6.8 8	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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# TARGIN RESERVED FOR BINDING

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important.

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(R) (Q)
County-Sallimore	Registration Dist. No. 28
Village or City Towson	No. 615 0 Ebasegh Closes Ward
Length of residence in city or town where death occurred 22/yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 615 Debought frames	St., : Ward.
(Upun place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
mule This warmer the word)	21. DATE OF DEATH  S
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of (wonth, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day, hrs.  or min.  8. Trade, profession, or particular kind of work done, as SPINNER, wind of work done, as SPINNER, atc.  9. Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and spent in this spent in this	22. I HEREBY CERTIFY. That I attended deceased from  Sept. 16 , 1937, to Sept. 30 , 1937  I last saw h alive on 5 , 1937 and 1937; death is said to have occurred on the date stated above, at 415 p.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate of onset  7/16/37
12. BIRTHPLACE (city or town) (Manufacture (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME & Wakety and Galloway  16. BIRTHPLACE (city or Jown)  (State or country)  17. INFORMANT CALL FOR D GALLOWAY  (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL CREMATION, OR REMOVAL RIACO 103, 1937	Manner of injury
19. UNOERTAKER MILLION (10)	24. Was disease or injury in any way related to occupation of deceased?
20. FLED St. 19. 19. 19. 19. 19. Registrar.	(Signed) Clewel House M. O. (Address) Town, Mel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	OCT 4 1937	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

11001110111	II OI MOI I OI	FURTHER STAT	10101111	

# OF DEATH 967

1/	1. PLACE OF DEATH	THE THE
V	County Ballo: Ca Mid.	Registration Dist. No. 42
1	Village or City drumps IV take Hall	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town whare death occurredyrs,mos.	ds. How long In U. S. If of foreign birth?yrsmosds.
	2. FULL NAME George & Green	If U. S. Veteran, specify WAR
	(a) Residence: No. W white Hall Rd	St., Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
0	made White OR DIVORCED (write the word)	Sept 10th, 1937
5	a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
	HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended daceasad from
	DATE OF RIPTH (month day and year) Rus. 25th 1889	, 19, to
_	DATE OF BIRTH (month, day, and year)  AGE Yeers   Months   Days   If LESS than	to have occurred on the date stated above, atm.
	∠	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
-	8. Trade, profession, or particular	were as follows:
TION	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	A
IPA	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	learonary thrombosis
1000		<u> </u>
0	To. Date deceased last worked at this occupation (month end by 1939)  11. Total tima (years) spent In this occupation occupation	
1	2. BIRTHPLACE (city or town) Balto Co. md.	Other Contributory Causes of importance:
	(State or country)	$\cap$ $\cap$
ATHED	13. NAME William Trees	
ATL		Name of operation Oete of
4 0	(State of Country)	What test confirmed diegnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Mary a. Trem Wir	23: 11 Teath was due to external ceusas (VIDLENCE) fill in elso tha following:
2	16. BIRTHPLACE (city or town) Balls . City Mad:	Accident, suicide, or homicide?
_	Many Olimpi	Where did Injury occur? (Specify city or town, county and State)
1	(Address) 1 4 Landae (Bol)	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
1	8. BURIAL, CREMATIDN, OR REMOVAL	Manner of injury
	Place Par lowerd Clare dept 13, 1937	Neture of injury
1	9. UNDERTAKER FIECH Land V	24. Was disease or injury in any way related to occupation of daceased?
	(Address) 7 401 Prelain Pol	If so, specify
2	10, FILED FON 11, 193.7 SA FINT	(Signed) Bery B. Messysman M. D
	Registrar.	(Address) - Vereter Corner

If more blanks are needed, deliress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis ,, 123 All V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
---------------------------	-----------------------------

V. S. No. 1

	ANGIN PEDERVED FOR DINDING	D FUR BINDING
B.—WRITE PLACEY, WITH UNFADING INK—THIS IS A PERMANENT REC	UNFADING INK-TH	IS IS A PERMANENT REC
mation should be carefully supplied. AGE should be stated EXACTLY. Pl	supplied. AGE should	be stated EXACTLY. Pl
CAUSE OF DEATH in plain	n terms, so that it may	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact
TION is very important. See instructions on back of certificate.	ee instructions on back	of certificate.

RD. Every item of infor-IYSICIANS should state statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH 3673							
1. PLACE OF DEATH							
County of the County	Registration Dist. No. 43						
Village or City Perry Wall Med. No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)							
	ds. How long in U.S. If of foreign birth?yrsmosds.						
2. FULL NAME Elmer D. Naus In	If U. S. Veteran, specify WAR						
(a) Residence; No. 17 Offord St 7	St., A . Ward.						
6 hery 6 horse, Well (Usual place of abode)	If nonresident give eity or town and State						
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH						
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH						
Male White Single	(Month) (Oay) (Year)						
5a. If married, widowed, or divorcad HUSBANO of							
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from						
6. DATE OF BIRTH (month, day, and year) February 2 2 2 1918							
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	I last saw h; death is said to have occurred on the date stated above, atm.						
1 day hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance						
1 / 1 ormin.	ware as follows:						
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Busid systematice collisions curlette						
SAWYER, BOOKKEEPER, etc.	Celt from account						
work was done, as SILK MILL, SAW MILL, BANK, atc							
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Oate dacaasad last worked at this occupation (month and	allumobile						
O this occupation (month and spent in this year) occupation							
0	Other Contributory Causes of Importance:						
12. BIRTHPLACE (city or town) & Management (State or country)							
13. NAME There of Tays St.  14. BIRTHPLACE (city or town) Later Lawrence Chate or country)							
4 14. BIRTHPLACE (city or town) Landon Lower selle	Nama of operation Date of						
(State of County) // Current	What test confirmed diagnosis? Was there an aulopsy?						
15. MAIDEN NAME Labely Class Therefore  16. BIRTHPLACE (city or town) - Company Control or country)	23. If daath was due to axtarnal causas (VIOLENCE) fill in also tha following:						
6 16. BIRTHPLACE (city or town) - 6 Level level	Accident, suicide, or homicide? - Gociolante - Date of injury						
S (Stata or country) O luis	Where did injury occur? Perry Hall, Baltimore Courty md.						
3 Pingleth 11 Kl. s	Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.						
17. INFORMANT (Address) / 7 / Stores & Court &	M. Andlie Haver Bal- Dir & Samp Chapel Roads.						
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Bus and automobile collision						
Place Meximustin Oate Selet 5, 193	Nature of injury						
of Mid							
19. UNDERTAKER LINE CONTRACTOR OF A SOUTH OF	24. Was disease or Injury in any way related to occupation of deceased?						
(Addrass) 7401 Belair Old Gaspelin	May, spacify Manney W. Bullock						
20. FILED 9/2 , 1937 D. a. tsty MD	(Signed) M.D.						
Registrar.	(Address)						
15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis S	3 days ago
		BUB 17 192	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT REC

FOR BINDING

ARGIN RESERVED

V. S. No. 1

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-AD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be B.—WRITE PL.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-00)
County Balla Ca. Md.	Registration Dist. No. 43
	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0 0000.11	ds. How long In U. S. If of foreign birth?
2. FULL NAME trabelle 11 Trays	If U. S. Veteran, specify WAR.
(a) Residence: No. / 1. Office of shode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Sept. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, end year) March 28 th/894	
7. AGE Yaars Months Days If LESS then	to have occurred on the date stated above, atm.
43 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. SAWYER, Work was done as SII K MIII	Bus dout collision culto
9. Industry or business In which work was done, as SILK MILL,	e a
SAW MILL, BANK, etc	Mulimobelle
TO. Data deceesad last worked at this occupation (month and year) spent in this occupation corupetion	
Plust.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Safeway love on wrong side of roads - Bel air.
	Road, struck mr. Hoys' car in a head-on
Y 14. BIRTHPLACE (city or town)	Neme of operation Dete of
15. MAIDEN NAME	What test confirmed diagnosis?
	23. If daeth was due to extarnal causes (VIOLENCE) fill In also the following:  Accidant, suicida, or homicide? Lecident Dete of injury
16. BIRTHPLACE (city or town)	Where did Injury occur Parage Hally Baltimose County & mode
80. 0 T/1/ 1/	(Specify city or town county and State)
17. INFORMANT (Address) / 7 0 pland St & Could Program	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If public places Correy Holl at Good Clake & Road.
18. BURIAL, CREMATION OR-REMOVAL	Manner of injury Bus and automobile collisions
Place Washing Land L. Date 19	Neture of injury
19. UNDERTAKER Treella Lassaburt for	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9/2, 19.37 S. a. Fritz mo	(Signed) 4 M.D.
O Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
		2037	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	ĺ
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	ry item of infor- NS should state ent of OCCUPA.
, D	-WRITE PLACEY, WITH UNFADING INK—THIS IS A PERMANENT RECECT. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	IS IS A PERMAN) e stated EXAC' e properly classifi-
IN RESERVE	DING INK—THI  1. AGE should b  2, so that it may b  uctions on back o
MARG	CY, WITH UNF. carefully supplied TH in plain terms portant. See instructions
	-WRITE PLA. LY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E) CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

Ŋ			IF MAR	YLAND-	CERTIFICATE OF DEATH	
1	L PLACE OF DE				(23)	
Z.		Baltimor			Mt. Wilson Branch Md.	
	Village or City	Mt. Wil:	son		Mt. Wilson Branch, Mc.  No. Tuberculosis Senatorium St.,  death occurred in a horpital or institution, give its NAME instead of street and n	Ward
	Length of residence in	city or town where d	death occurred	yrs 1 mos	28 ds. How long in U.S. If of foreign birth?mo	sds.
2	2. FULL NAME	Edward 1	L. Heal	V	If U. S. Veteran, specify WAR	
	(a) Residence: No.		. 36th		St, Ward. Baltimore Md.	
CAR			(Usual place	of abode)	ff nonresident give city or town and	State
	PERSONAL A				MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. CO	LOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 13.	7
		White	Mar	ried	(Month) (Dey)	(Yeer)
5e.	HUSBAND of	ivorced izabeth B	Healy		22. I HEREBY CERTIFY. That f attended of	jeceased from
	(or) WIFE of				July 16 19 37 to September	
6.	DATE OF BIRTH (month,	day, end yeer) Ma	ay 21,	1882	Hast saw h.im. alive on September. 13.,19.37.	; deeth is said
7	AGE Yeers	Months	Deys	If LESS then	to have occurred on the dete stated above, at 7 • OOA m.	
	55	3	23	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Data of enset
OCCUPATION	8 Trade, profession, or kind of work dor SAWYER, BOOKM 9 Hadustry or business work wes done, a SAW MILL, BANI 10. Date decesed last this occupation (	in which as SILK MILL, POJ K, etc	Baltin	nore nartment time (years) int in this	Pulmonary Tuberculosis	1932
		Pehr. 1-9	timore.	u petion 28.	Other Centributery Causes of importance:	
12.	BIRTHPLACE (city or tow (Stete or country)	/n)	Marvla	nd.	None	
ER	13. NAME Edi	ward L. H	Healy,		A.S.Y.	
FATHER	14. BIRTHPLACE (city or (Stete or country	,	altimor Mary		Name of operation None Dete of Whet test confirmed diagnosis? X-ray, and Was there an a	
ER	15. MAIDEN NAME	Margaret	Bradle	у,	ubercie bacilli were found in 23. if deeth was due to externef causes (VIOLENCE) fill in also the following	sputu:
MOTHER	16. BIRTHPLACE (city or (State or country	10MII/	nown, Unknown		Accident, sulcide, or homicide? Dete of injury Where did injury occur?	, 19
17. INFORMANT Eleanor Pearson, (Address) Mt. Wilson. Md.					(Specify city or town, county and State Specify whether fnjury occurred in fNDUSTRY, in HOME, or in PUBLIC PLA	e) NCE.
18. BURIAL, CREMATION, OR REMOVAL COM. Dete Sept 16, 1937					Manner of injury	
19	UNDERTAKER CAN (Address) //8	arles 7 8	Tayal	Son-	24. Was disease or injury in any way to leted to occupation of peceased?	YO.
20	FILED Sept 1	3, 1937	Maule	Spildu Registrar.	(Signed) Mt. Wilson Md.	/N. M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

3	13	104	19	
16	81	1	8 2	
V	11	-		

1. PLACE	OF DEATH		-	Tax M			
County Baltimore				Registration Dist. No. 30			
Village or Length of re	City Cator	svillee death occurred2	(If	death occurred m a hospital or institution, give its NAMI Anstead of street and number)  24 ds. How long in U.S. if of foreign birth?yrs			
				If U. S. Veteran, specify WAR			
(a) Reside	ence: No. 319 S.						
PERSO	NAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX male	4. COLOR OR RACE white		RIED, WIDOWED, (write the word)	21. DATE OF DEATH September 10 (Day)	193		
5a. if marriad, wid- HUSBAND of (or) WIFE of	owed, or divorced Willie Hes			22. I HEREBY CERTIFY, Thet I attended of the state of the			
7. AGE Y	d (month, day, end yeer)  aars Months  60 11  fassion, or particular	September Days 12	27, 1876  If LESS than 1 day,hrs. ormin.	I last saw him alive onSept10			
9. Industry o work w SAW N 10. Date daca this oc yaar)	f work done, as SPINNER, etc	odd jobs 11. Total tie spen occu		Pernicious anemia bef.  Other Ceatributary Causes of importance:	1935		
(State or co	ountry)	our orrina		Paranoid schizophrenia bef.	1935		
	CE (city or town)? or country)			Neme of operation Date of Date of Whet tast confirmed diagnosis?	V .		
15. MAIDEN I	NAME ?			23. If daath was due to external causes (VIOLENCE) fill In eiso the following	110		
Y (State	CE (city or town)			Accident, suicide, or homicide?			
(Address) 18. BURIAL, CREM Piece	ATION, OR REMOVAL	Co_Date 9/1	3 ,1937	Manner of injury			
19. UNDERTAKER (Addrass) 20. FILED	Frany Sin	- State 1	Horf.	24. Was disease or injury in any way releted to occupation of deceased?  If so, specify  (Signed)  (Address)	£ M. I		

If more blanks are nested, address hate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	1	Example II		
The principal cause of importance were a	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	DECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 2 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance!		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
	,	<u> </u>			

# HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 73-C

9677

	1. PLACE OF DEATH	Registered No. 4-3
	CITY OF BALTIMORE: (No.) Janualla &	(If death occurred in a hospital or institution, give its NAME instead
H	Length of residence in city or town where death occurredyrs	of street and number.) ,ds. How long in U. S. If of foreign birth?yrsmosds.
	2. FULL NAME Justini	If U. S. Veteran specify WAR
	(a) Residence: No. Australia a (Usual place of abode)	St.,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
cate.	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 9/19/3719
=	5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
ot ce	HUSBAND of Churles Heal	I last saw h. Malive on Maly 7, 193 Death is sald
K	6. DATE OF BIRTH (month, day, year) 10-21- 1860	to have occurred on the date stated above, at
pa	7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:
no L	60 10 28 I day,hrs.	Coronory occlusion
ions	8. Trade, profession, or particular kind of work done, as spinner,	00 114 0 11 11
nct	sawyer, bookkeeper, etc.	Chronic mygeordities. Quation: sight george
nst	work was done, as silk mill, saw mill, bank, etc.	Other contributory causes of importance:
See i	11. Total time (years) this occupation (month and year) year)	Mussondition Nyperleusian
	12. BIRTHPLACE (city or town)	
ant.	(State or country)	Was an operation performed?Date of
ort	13. NAME Joseph Jamber	For what disease or injury?
mpor	14. BIRTHPLACE (city of town)	Name of operation
y	(State or country)	What test confirmed diagnosis Was there an autopsy?
very	E 15. MAIDEN NAME	iowing: Accident, suicide, or homicide?Date of lnjury
00	5 16. BIRTHPLACE (city or town)	Where did lnjury occur?
O	(State or country)	(Specify or town, county, and State) Specify whether injury occurred in industry, in home, or in public
	17. INFORMANT Charles Hegel	place
JP.	(Address) Almicella and Cospeling	Manner of injury
5	18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
Ō	OPTace y Children Date 7 77 192	24. Was disease or injury in any way related to occupation of deceased?
	19. UNDERTAKER A CALLED A CALL	If so, specify
	20. FILED 9/2/ 19.37 / Q. Fuit M. D. Registrar,	(Signed)
/	negistrar,	(Address) D. J. T. Lawrence and J. L.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "storc," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I  The principal cause of death and relat causes of importance were as follows:	ted Date of o	Example II  The principal cause of death and related Date of onset causes of importance were as follows:
Arteriosclerosis	1918	Attack of epilepsy 1 week .ag
Chronic interstitial nephritis ALL V.	192	Run over by street car 1 week ag
Cerebral hemorrhage	July 5,	Peritonitis 3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1,	3 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 Hz A M D The Flor Wills

ARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE C	F MARYLAND-	CERTIFICATE OF DEATH	0000
1. PLACE OF DE	ATH		(H.B)	3018
County /	els.		Registration Dist. No. 4	)
Village or City	Kerpo	a 'Mar'	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in	city or town where		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME.	aug	unta Hiple	Y If U. S. Veteran, specify WAR	
(a) Residence: No	. /		St., Ward.	
PERSONAL	ND STATIST	(Usual place of abode) ICAL PARTICULARS	If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
	LOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH / / /	
Female	Or.	OR DIVORCED (write the word)	(Month) (Day)	, 193 (Year)
5a. If married, widowed, or de HUSBAND of Cor. Wife of Cur.	livorced	and Hippon	22.   HEREBY CERTIFY, hat Vatjenge	d deceased from
(01) 11112 01 2000	2	engle IV July	(lug 1936, y flip / 1	6,193)
6. DATE OF BIRTH (month,		1125-1862	I last saw here alive on	); death is sai
7. AGE Years	Months	Deys If LESS than 1 day,hrs.	to heve occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
P Trade profession o	- continuous	ormin.	were es follows:	Date of onse
8. Trade, profession, o kind of work do SAWYER, BDDK	ne, as SPINNER, KEEPER, etc.	Retur Ed		
9. Industry or busines	s in which as SILK MILL.		D. a. 1+-1	**
D 10 Date deceased last		11. Totel time (years)	Jarunma Dimael	193L
this occupation (	month and	spent in this occupation		
12. BIRTHPLACE (city or too	Man Son	nany	Dther Contributory Causes of importance:	
(State or country)	13	0		
13. NAME	n	yes		
14. BIRTHPLACE (city o		AW CHANGE	Name of operation Date of_	
(State of count)	0, 1		What test confirmed diagnosis? What test confirmed diagnosis? Was there and	
I	www	www.	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	•
O 16. BIRTHPLACE (city o		Musion	Where did injury occur?	, 17
17. INFORMANT mas	· Tuna	Buhler	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
(Address) 18. BURIAL, CREMATION 0	R REMDVAL	ENDINGE =	Menner of injury	
Place St. Ca	ves Ceni	1 Date dept 2 , 1907	Nature of Injury	
19. UNDERTAKER CLA	remt [	arthur	24. Was disease or injury in any wey related to occupation of deceased?	
(Address)	top	my a	If so, specify Alle Manne 7	7
20/5/LED 10 )	White	MAMMet	(Signed (Address) Balan	. J M.
/ / /		Registrar.	" (nutress)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

T RECAD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA.	1
PERMANEN	EXACTI	ly classified.	ate.
IS IS A	e stated	e proper	f certific
BWRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECALD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
3.—WRITE PLA	mation should	CAUSE OF D.	TION is very

1. PLACE OF DEATH				r MAR	TLAND-	CERTIFICATE OF DEATH 967
						(22:8)
						Registration Dist. No.
	Village or C	ity			(1)	Np. Spring Grove State Hospital St., death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of resi	dence In city or town	whera d	eath occurred	2_yrs7mos	6_ds. How long in U.S. if of foreign blrth?yrsmos
2.	FULL NA	ME Melvi	n H	acksoll		If U. S. Veteran, specify WAR
	(a) Residen	ce: No. 1157	E. I	Baltimore	st.	St., Ward.
		Bal timore		(Usual place	e of abode)	If nonresident give city or town and State
		AL AND STA				MEDICAL CERTIFICATE OF DEATH
3. S	male	4. COLOR OR RAG	Œ	5. SINGLE, MAI OR DIVORCI Singl	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  September 1 ,193  (Month) (Day) (Yee
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of					22. I HEREBY CERTIFY. Thet I ettended deceased January 25 1925 to Sept. 1 193	
6. D	ATE OF BIRTH	month, day, and year	Ur	ıknown		Hast saw h_im_alive on_September 119.37; death i
7. A				Oeys	If LESS than	to have occurred on the date stated above, at 4:40 amm.
	3	2	?	?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca
OCCUPATION	sAWYER,	ssion, or particular vork dona, as SPINN BOOKKEEPER, etc buslnass in which		unknown	1	Date of
U.P.	work was	dona, as SILK MILL L, BANK, etc	,	?		Intestinal obstruction 8-31-37
8	1D. Date decease	ed last worked at pation (month and	2	SDA	time (years) ent in this cupation?	(mechanical)
12.	BIRTHPLACE (cit		Unkn	own	4	Dther Contributory Causes of Importance:
2	13. NAME	Unknown				
FATHER	14. BIRTHPLACE (Stata or	(city or town)		************		Name of operation. Abdominal operation. Dete of 8-31- What tast confirmed diagnosis? Clinical and Was there an eutopsy?
2	15. MAIDEN NA	ME Unknow	n			SUTFICAL  23. If death was due to external causes (VIOLENCE) fill in also the following: NO
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Hospital records (Address)  18. BURIAL, CREMATION, OR REMOVAL PIECE Description of the state of th					Accident, suicide, or homicide?	
			ds		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
			P Data Sep	t. 6, 1937	Manner of injury	
19. UNDERTAKER				limit	as disease or Injury in any way ralated to occupation of deceased? NO	
20. FILED 9/3 , 19 4 Les l					(Signed) Chas. L. Acherred	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	- 1212
Gallstones	May 1,1923	Gastroenteritis	1 year

	Every	CIANS	ement
	RD.	HXSIC	state
	RECO		Exact
District and I describe the second	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
7 17 7	IS A PI	stated ]	properly
	HIS	pe	pe
	K-T	pluod	may
2	Z	ES	at it
	ING	AG	th o
	UNFAD	upplied.	terms, s
	ITH	Illy SI	plain
	M.	refu	l in
	INLY	be ca	EATH
1	PLA	plno	F D
	RITE	tion she	CAUSE OF DE
	M-	ma	CA

See instructions on back of certificate.

TION is very important.

mation should be car N. B.-WRITE PLAINLY,

CORD. Every item of infor-

of OCCUPA.

### STATE OF MARYLAND—CERTIFICATE OF DEATH

0	10		63
9	()	A	U

1. PLACE OF DEATH	
County Ballemore	Registration Dist. No. 440
Village or City Unfels Cliff	No. St Ward
(If Langth of residance in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Sister Mary John De Watha	Hurley
1/ . ^ .	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Feurale 4. COLOR OR RACE OR DIVORCED (write the word) Sein gle	21. DATE OF DEATH  Sept. 29 , 193 7 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) Och. 23 - 1918	Dec. 22 ,1936, to Sept. 29 ,1937
7. AGE Yaars Months Days If LESS than	I last saw h. 42 elive on Sefet. 2.2
26 11 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Te acher	Palmonary Tuberculosio 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)	
SAW MILL, BANK, etc	
Shauffu fung	
Cooperation	Other Contributory Causes of importança:
12. BIRTHPLACE (city or town) Pox bury Wass (State or country)	
I	
4. BIRTHPLACE (city or town) Island (State or country)	Name of operation Data of
15. MAIDEN NAME Houna Corcorau	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Houna Corcoran  16. BIRTHPLACE (city or town) Juland	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Sy Mary Clara (Addrass) Mobel Eliff Wed	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Notch Cliff, Privote Detalst. 1937 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Mannar of injury
19 UNDERTAKER GOO. M. Fink & Son.  (Addrass) 811 N. Wolfe St.	24. Was disease or injury In eny wey related to occupation of daceased?
20/500 B) / Colles My Commes	(Signed) M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OCT 45 1331				
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

### RD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE N. B.-WRITE PL.

JARGIN RESERVED FOR BINDING

1.	PLACE OF DEATH		(23)	11
	County Daltmor	l ·	Registration Dist. No.	
	Village or City Sparror	va Point.	No. Kuth ave . St.	
	Length of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and num ds. How long In U.S. If of foreign birth?yrsmos	
2	FULL NAME GEOR	de Varancola		
4.	(a) Residence: No. Sau	ge verious	ckaou If U. S. Veteran, specify WAR	
phonone	(a) Residence. No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and Sta	ite
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
-	male colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Sept. 23, 1  (Month) (Day)	93_
5a. I	f married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, Thet I attended dec	6200
	(or) WIFE of		Lefox. 14 19 37, 10 Sefex. 2 3	
6. D	ATE OF BIRTH (month, day, end year)	uly 24.1911	I lest saw h 1 m alive on Sefry . 2 3 , 1937;	eath
7. AC		Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9.34m.	
- 13	26 2	ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:	ateo
NO.	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	reaso bou tin Wate	Sulmonary,	ch
ATI	9. Industry or business in which	hy die	Tigre culoses	la
CUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc.	I fell mill.	γ	
Ö	10. Date deceased last worked at this occupation (month end	11. Total tima (years) spent in this		
	year)	occupation Q:	Other Coutributory Causes of Importance:	
12. B	BIRTHPLACE (city or town) O UL (State or country)	unore	-	
ER	13. NAME Milliam /	burneleshor	-	
E	14. BIRTHPLACE (city or town) An	me Brew del	Name of operation Roul Date of	
T.	(State or country)	ed, met.	What test confirmed diegnosis? & Ouss Was there an auto	nev?
HER	15. MAIDEN NAME Edua	may Balls.	23. If death wes due to externel causes (VIOLENCE) fill In also the following:	poy:
6	16. BIRTHPLACE (city or town) 13 a	eletione	Accident, sulcide, or homicide? Date of Injury	_, 19.
Σ	(Stete or country)	ned,	Where did injury occur? (Specify city or town, county and State)	
17. 10	NFORMANT Edna Ny (Address)	ay Jackson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. B	BURIAL, CREMATION, OR REMOVAL	1.171 7	Menner of injury	
	Place All Mully (Lance)	Date	Neture of injury	
19. U	UNDERTAKER THAT EX	tillians of	24. Was disease or Injury In any way releted to occupetion of deceased?	w
20 E	Best 25 1937 4 17	Wishnier m	(Signed) Joyso n. Yallan	

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Example I	4 * 1	Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5 193	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9682
1. PLACE OF DEATH	(210-m) (DA
County Baltimore	Registration Dist. No.
Ville of Ballone & John	Rate & Rederwood Mad. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its NAME instead of street and number) d. How long In U.S. if of foreign birth?yrsmosds,
10 . 7 00 0	
(a) Residence: No. 330 St. Paul (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 20, 1937.
5a. If married, widowed, or divorced	(Minth) (Day) (Fear)
(or) WIFE of J. Beaton Jones	22. 1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Sept. 18, 1883.	i last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.30 Am.
54 - 2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or particular	were as follows:  "Accidentally Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Bitting a tree twhile
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	operating an automobile
SAW MILL, BANK, etcapartment house	- Presingt a practured
O this occupation (manth and 1027 spent in this	Abull and resulting
year) Selection occupation	Other Coatributor, Cases of importance:
12. BIRTHPLACE (city or town) Dackmore	in instant death
(State or country)	1/20
13. NAME State S. Field  14. BIRTHPLACE (city or town) Backing	1/937
14. BIRTHPLACE (city or town) Backmare	Name of operation
(State of County)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Rose 6. Field  16. BIRTHPLACE (city or town) Bactimore  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16, BIRTHPLACE (city or town) Backiniae	Accident, suicide, or homicide accident. Date of Injury 9/29, 1937.
(State or country)	Where did injury occur? County 1000
17. INFORMANT Sage S. Field (Address) 2501 Juniper Rd Baltimor	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURLA, CREMATION, OR REMOVAL	Manner of injury automobile
describen lack Date Sept 22, 1937	Nature of injury Rellinga tree
Mary Caple	24. Was disease or alury in any way related to occupation of deceased?
19. UNDERTAKER (Address) T. Paul Y. Meston Jackson	Eso, specif
20. FILED X 14 MM, 193) W MALL S A Registrar	(Signed) (Address) (Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I	H	Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	-IV	1975	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BEUL	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 8 193	July 5, 1927	Peritonitis	3 days ago
Other contributory causes o	importance:	5.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year.

ADDITIONAL SPACE FO	OR FURTHER/STATEMENTS BYDHYSICIAN A
after consulting	or further statements by physician of Towson and I decided a special inquisit
whowthe called	
M destuned a lot. 000	Lather destance on season
and automobile ace	dent driven by the greened
hething a true	Mormant. angel Corones

PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

certificate.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

### STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	161-0
County Pundula Palts	86 Registration Dist. No. 44
Village or City Dundults	NoSt.,Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Mn / ay	khulos. Veteran specify WAR
(a) Residence: No. / \$ / 6 - E ast low (Usual place of abode)	St., Ward.  If nonresident give gity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wire the word) OR DIVORCED (wire the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22 HEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year) 8 cht 8/19.37	I (ast saw alive on alive on 19 ); death is said
7. AGE Years Months Oays / If LESS than	to have occurred on the date stated above, at m.
2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oblodonis SAT 8:37
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Punduls (State or country)	Other Coutributory Causes of importance:
13. NAME Joseph Karphas  14. BIRPHPLACE (city or town)  (State or country)  Balo le a Madi	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME May & . Work	23. If death was due to external causes (VIOLENCE) fill in aiso the following:
	Accident, suicide, or homicide? Date of injury19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT ought / asphro	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Section Sept 11, 1931	Manner of injury
19. UNDERTAKER Tilly of Seiler for (Address) 46-3 12 moles.	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILEO Sipt - 1/19 & J July D. Cornel	(Signad) Address) For in Young M.D.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURELU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	1253
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be

supplied.

mation should be carefully

-WRITE

V. S. No. 1

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

R	SIS A PERMANENT RECORD. Every item of infor- stated EXACTLY. PHYSICIANS should state	UPA.
	of	CC
	item	0 <b>j</b> 0
	Every	properly classified. Exact statement of OCCUPA-
"	KD.	stat
	RECOF	Sxact
	E	-
CC	NEN T	fied.
DI	AAC	assi
SIN.	ER	clo .
~	P	erly
FOR BINDING	S A	properly
-	20	EL !

/	STATE (	OF MARYLAND—	CERTIFICATE OF DEATH 9684
1	County Baldemore		Registration Dist. No. 40
	Village or City Notels	A 41 .	No. — Registration Dist. No. — —
ä		(1	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
			sds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Sister	Mary Silva 1	Ceffy
	(a) Residence: No. Viffa	Maria. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Temale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 18 193 37
5e	. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. Thet I attended decaased from  June 19, 1935, to Sept. 18, 1932
6.	DATE OF BIRTH (month, dey, end yeer)	ине 22 - 1899	Plast saw her alive on Septe 15 ,1937; death is said
7.	AGE Years Months 38 2	Days If LESS than 1 day,hrs.	were as follows:
NOI	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Teacher	Puleursasy Tuberuloris Date of one of
OCCUPATION	Mindustry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc		
000	TO Data deceased last worked et this occupation (month and year)	11. Totel time (years) spent in this occupation	
12	BIRTHPLACE (city or town) BOXS (State or country)	on mais	Dther Contributory Canses of Importance:
ER	13. NAME Patrick	/ Kelly	
FATHER	14. BIRTHPLACE (city or town)(State or country)	Ireland	Name of operation Date of What test confirmed diagnosis?
ER	15. MAIDEN NAME Cur	na hurray	What test confirmed diagnosis? Wes there an autopsy?  23. If death wes due to external causes (VIDLENCE) fill in also the following:
HOTHER	16. BIRTHPLACE (city or town)		Accident, sulcide, or homicide? Date of Injury, 19

17. INFORMANT (Address)

18. BURIAL, CREMATION, DR REMOVAL NOTCH CLIFT. Sept 20th L937

19. UNDERTAKER (Address)

Registrar.

Manner of Injury Natura of injury

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

24. Was diseasa or injury in

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

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Example I		Example II	Zitumpres .
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Land of the state			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	NAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA:
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## ARGIN RESERVED FOR BINDING

V. S. No.

should state JAD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. PHYSICIANS WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(20)
County Ballemore	Registration Dist, No. 33
Village or City Owngo mills	No. Rosewood State Training School Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Paul Cerchony Ren	If U. S. Veteran, specify WAR
(a) Residence: No. Nestern Should (Usual place of abode)	Use
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	Seft 3, 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 1020	, 13-1, 10
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h
7 7 1d Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	mongolien Ideocis Consen
9. Industry or business in which	
SAW MILL, BANK, etc.	
- this cosepation (month and	
yaar) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Westernson (State or country)	Cart Saterities 6 day
	access over the
E 0/ // · / ·	24 200
[ 14. BIRTHPLACE (city or town)	Nama of operation.  Dete of Manual Confirmed dispances?  What there are subsequently the state of the subsequently the subs
	Whier test commitmed diagnosis:
I	23. If death was due to external causes (VIOLENCE) fill in eiso the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Oakland , with	Where did Injury occur?
Institutional Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rosewood Training School	
18. BURIAL, CREMATION, OR REMOVALLE	Manner of injury
Placa St Pelles Cun Date Poll 3, 1937	Nature of Injury
19. UNDERTAKER It Illine & Sous	24. Wes diseese or injury in any wey releted to occupation of deceased?
(Address) Rustuston md	If so, specify
20. FILED Defr 4 1927 Of Endru	(Signed) Steorge C. metarry M. D.
Registrar.	(Address) Olsmys mille, ma.
If more blanks are needed, address State Registrar,	2418 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
808365			
Other contributory causes of importance:		Other contributory causes of importance:	Tesas 1
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR FURTHER	R STATEMENTS BY	PHYSICIAN	
MDDIIIOIME O				

V.S. No. 1

N. B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT RECED. Every item of infor-

County Sallenura	٧	Registration Dist. No. 75 Cle
Village or City Planon	a Vous i king	NoSt.,
Length of residants in city or town where de		f death occurred in a hospital or institution, give its NAME instead of street and number,
2. FULL NAME archit	eld, Wright	Rugelow Veteran, specify WAR Jone
(a) Residence: No Beth - Man	y Iren, Ramos	- Cohent Mard. Hed.
DEDCOMAL AND STATISTICS	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC  3. SEX 4. COLOR OF RACE	S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male White	OR DIVORCED (prize tha word)	Month) (Oay) (Y
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	ingle	22. I HEREBY CERTIFY, That I attended dacease
6. DATE OF BIRTH (month, day, and year)	12-5-1907	1 last saw h alive on , 19 , death
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, atm.
30 5	/3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
Z Trade, profassion, or particular	0 00 51	Date of Land
Kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc.	aler. Gla they but	F Killed by Sheel Cay
9. Industry or business In which work was dona, as SILK MILL	likem Sit A.	(/
SAWYER, BOOKKEEPER, etc	11. Total tima (yaars)	- <u> </u>
this occupation (month and 9/16/3	spent in this 2 was	y
market and the same and the sam	de	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	b.	-
H 13. NAME Florge P. M.	ingolas	
14. BIRTHPLACE (city or town) Frey	bort	Name of oparation Date of
(Stata or country)	Ille.	What tast confirmad diagnosis? Was there an autopsy
15. MAIOEN NAME Mabel	Wright	23. If death was due to external causes (VIOLENGE) fill in also the following:
15. MAIOEN NAME Mabell 16. BIRTHPLACE (city or town)	sport	Accident, suicide, or homicideles deset Date of injury 9/17/37
Stata or country)	Oll.	Where did injury occur? Bear Creek Bridge - game
17. INFORMANT MIN. George P. A.	masley	(Specify city or town (county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) mindan, hel	0 V	f g f
18. BURIAL, CREMATION, OR REMOVAL	1h. 00 22	Manner of Injury I show Kerls - Mach- Ne
Placa/ Man Jun 1997	Oate 20, 1937	Nature of injury
19. UNDERTAKER Stewart & MAGO	mento.	24. Was diseasa or injury in any way ralated to occupation of decaasad?
(Addrass) 108 W. Worth	ane.	If so, specify

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	3		

V. E. No. 1

PLACE OF

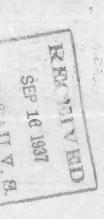
PLACE OF DEATH	STATE OF MARTLAND
County Baltina	CERTIFICATE OF DEATH
	Registration Dist. No. 30
Village or City Brighton (No. 6602- m	Ward) (If death occurred is a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Female White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Just 30 185	that I last saw h salive on A fine 1927,
(Month) (Day) (Year	and that death occured on the date stated above, at 7.55 m.
0 1 1 12   I day	hrs. The CAUSE OF DEATH A MAS as follows:
B OCCUPATION	Vi Minardentant
(a) I rade, profession or	A Least V Doneban
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Dyretion) de moo de
9 BIRTHPLACE	Contributory
(State or country)	(Duration) yrs, mos ds
10 NAME OF FATHER	(Signed) Lafonth M. D.
M 11 BIRTHPLACE OF FATHER Z (State or country)	State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
(State or country)  12 MAIDEN NAME	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Trans
of MOTHER TO NOT MON	ients or Recent Residents)
13 BIRTHPLACE  OF MOTHER  OF MOTHER	At place of death yrs mos ds. State yrs ds
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence.
(Informant) mes Hoisy Klein Humple	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 6602 nt Vernan Nove	Baltimar antin 9/14/37.
18 Filed Dept. 13 1937 6 6. Min Registra	2503 Edmahm 2503 Edmahm
If more blanks are needed, address State Regi	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Batte. In

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tired 6 yrs). state occupation at beginning of illness. If retired from taborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocnature of the husiness or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Aever return 'Laborer,'" 'Foreman," 'Manager," 'Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")



"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "(Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcarbolic acid-probably suncide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitual nephritis, unqualified, is indefinite): Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skuli, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-Whooping American Medical Association.) Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

If this certificate is 1 cked over thoroughly and all questions answered in detail, it will prevent further correspondence. 1 the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1	B.—WRIT	mation	CAUSI	TION
V.S	ż	(	I	

	County Baltynore	Registration Dist. No.	Y
		death occurred by a hospital or institution, give its NAME instead of street and nuds. How long in U.S. if of foreign birth?yrsmos.	
2.	(a) Residence: No. 233/ Sheruback ape.	If U. S. Veteran, specify WAR	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Seft. 25	193. 7.
5a. I	If marriad, widowed, or divorced HUSBAND of (or) WIFE of Value  (o	22. / I HEREBY CERTIFY That I attended de	(Year)
e D	ATE OF BIRTH (month, day, end year) Self. 24 1868	i last saw h/466 alive on 25 , 137;	, 19.3°
7. A		to heve occurred on the date stated abova, at 23000 'm.	death is .
	69 0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	Trada profession or perticular		Date of or
CUPATION	kind of work done, as SPINNER, Butcher	Of The party	
UPA	9 Industry or businass in which work was dona, as SILK MILL Packing SAW MILL, BANK, etc.	Mrown Myoiachilis	1936
	Date decaesad last worked at 11 Total time (years)		
	this occupation (month and 1933 spent in this occupation occupation		
12	BIRTHPLACE (city or town) Unknown	Other Contributory Causes of Importance:	
	(State or country) Yermany		
ER	13. NAME Louis Kreake		
TH	14. BIRTHPLACE (city or town) Carlow	Name of operation————————————————————————————————————	
	(Stata or country) Saryanany	What test confirmed diagnosis? Church Judey Was there an au	topsy?
ER	15. MAIDEN NAME / redericka stears	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
5	16. BIRTHPLACE (city or town) & silvensous	Accident, suicide, or homicide? Date of Injury	, 19
Σ	(State or country)	Where did injury occur?	
17.	INFORMANT Mrs Cara M. Recoffe.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18.	BURIAL CREMATION, OR REMOVAL	Manner of injury	
	est strus Com Crypate Seft. 28, 1937	Neture of injury	
19.	UNDERTAKER ARCHERICK Hassalmy Jones (Address) 401 Bolain Road	24. Was disease or injury in any way releted to occupation of deceased?	w
		1777	
	FILED Left 25 19 37 Stormely	(Signed) / (// /www.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
La constaté V. E		***************************************	
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

V. S. No. 1

### STATE OF MARYLAND-CERTIFICATE OF DEATH

6	10	1.	6 1
9	15	X	1
0	1)	0	97

County Galtmore  No.  Village or City Caltonswelle Mol.  Length of residence In city or town where death occurred 5 yrs.  Mol.  (If death occurred in a hospital or institution, give its NAME instead of street and number)  How long in U.S. if of foreign birth?  yrs.  mos.  1f U.S. Veteran, specify WAR.
(If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence In city or town where death occurred
(If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred
2. FULL NAME CILLENA C. Jangoon If U. S. Veteran, specify WAR.
(a) Residence: No. 9 Dullow And St., Ward.
(Usual place of abode)  If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  21. DATE OF DEATH
Olmale While, Widow (Year)
5a. If married, widowed, or divorced HUSBAND of 22 I HEREBY CERTIFY, That, I attended deceased fr
(or) WIFE of J. Tranklin Langelow and 12 1925 to Sent 19 193
6. DATE OF BIRTH (month, day, and year) Tiels 9 1840 I last saw h. en alive on Sept 19 1937; death is s
7. AGE Yeers   Months   Days   If LESS than to have occurred on the date stated above, et 1 29 Pm.
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Date of one
SAWYER, BOOKKEEPER, etc. Augustered practical Cerebral Newson or 200
S 9, Industry or business In which
work was done, as SILK MILL, Thurse
O 10. Date deceased last worked at this occupation (month end 1991 spent in this
year)
12. BIRTHPLACE (city or town)
(State or country) Daltimore Ad. Overs beleves
II 13. NAME William J. Landologe
13. NAME William Jangolov  14. BIRTHPLACE (city or town)  Name of operation  Date of
(State or country) Walterwork Md What test confirmed diagnosis? Clauses Wes there an autopsy?
Author white a building
(State of county) Successful Annual Where all injury occur.
Specify whether in lung accurated in INDISTRY in HOME on BUILDING COLD IN COLD
17. INFORMANT (Address) 9 (Add
18. BURIAL, CREMATION, OR REMOVAL
Piece Cethelia Coate Sipst, 22,1937 Neture of Injury -
0 + /
19. UNDERTAKER Caston Caston (Address) 24. Was disease or Injury in any way related to occupation of deceased? US
7354
20. FILED (Signed) (Signed) M
If more Washing resign and the Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related eauses The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 . Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TIDDITIONAL	DI ZIULI	T. OIL	T. OTCHILLING	DIALIMITME	DI	TITIOICITAL

TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

-WRITE PLA

V. S. No. 1

9	10	60	1
J	0	1	U

1. PLACE OF DEATH			(310-002)	
County Balta Co.	md.		(MO-4nz)	Registration Dist. No. 43
Village or City Pears 14	all of	md.	ND.	St., Ware
Length of residence in city or town where do	ath assumed			n, give its NAME instead of street and number) oreign birth?
Length of residence in city or town where de	ath occurred	2 1 0		
2. FULL NAME	C/3: 22	ech f	If U. S. Veteran, sp	ecify WAR
(a) Residence: No. 3 2 0 6 77	(Usual place o	abode)	Ward. Ward.	If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTIC	CULARS	MÉDICAL CE	RTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of			22. I HEREBY	CERTIFY, Thet I attended deceased fro
HUSBAND of (or) WIFE of				9to
6. DATE OF BIRTH (month, dey, and year)	124 1	918		, 19; death is sai
7. AGE Years Months	Days	If LESS than	to have occurred on the date steted a	shove, atm.
1-9	8	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	
8. Trede, profession, or particuler	01 0		1 Bus Pay souton	able collision. Got of
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Ludu	1	Death fu	om accedent
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			Se Of	far far
SAW MILL, BANK, etc	11, Totel tin	na (vaare)	autom	elele
10. Date deceased last worked et this occupetion (month end year)	speni	tin this	Death was instanta	reons; body badly mutilated.
91.	1		Dther Contributory Causes of Imports	ance:
12. BIRTHPLACE (city or town) (Stete or country)	isving	Pa		
	9	dan		
H 6	Julia			
14. BIRTHPLACE (city or town) . (Stete or country)	muy Ba			Deta of
	mari	Tauston		Wes there an autopsy?
H 0	tory o	100		s (VIDLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	MAS MINN	Pa		all, Battimore County, md.
				(Specify city or town, county and State) NDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT			public place: Bel-air	
18. BURIAL, CREMATION, OR REMOVAL	000			automobile callisians
Place Was ling to	Date Date	1.5 , 19.37	Nature of Injury	
7, 01		!	24. Was disease or injury in any way	
19. UNDERTAKER (Address)	11 08	0	It so, specify Lames	W Bullock
0/1 27 1	SAI	- Ams	(Signed)	farting 4/1/m
20. FILED	1	Registrar.	(Address)	court of

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

Exact statement of OCCUPA.

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 9691
1. PLACE OF DEATH	157:0
County Macy Co!	Registration Dist. No. 42
Village or City Charles	No. Tellited Peelst, Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmc	
2. FULL NAME facility flag	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	7 , 7
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH Self (9 193 (Veat))
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. IHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (1 4401 18. 1937	I last saw here clive on Tife 19 1947; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 6 . T. m.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: a Date of oneset
kind of work done, as SPINNER,	100000000000000000000000000000000000000
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	water /40mg
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) & alternace Md	Marel
(State or country)	
13. NAME James of Leage of	
13. NAME James F Legy L.  14. BIRTHFLACE (city or town) Baltimos Md	Mene
14. BIRTHPLACE (city or town) Dalumsou U'llac (State or country)	Name of operation
15. MAIDEN NAME Pegina Rechtonwal  16. BIRTHPLACE (city or town) Baltonove MA  (State or country)	What test confirmed diagnosis? Was there an autopsy Was there are a was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Balturnor MA	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
1 1 1 1 1 1	(Specify city or town, county and State)
17. INFORMANT Same (Addiess) / A Plana (Addiess)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Loudon Park Date Sept 20, 1937	Manner of injury
1 1000	Nature of injury
19. UNDERTAKER 7 Vernon Reehner	24. Was disease or injury in any way related to occupation of deceased?
(Address) 2301 Edmondson Ove	If so, specify
10 545 ALAT 20 35 M N. 11	(Signed) ( Arcul M. DOC

(accessor Al) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis QCT 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A MODEVA A.	gam seconds		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenterilis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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	infor-	state
1)	tem of	plnods
•	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
OR BINDING	A PERMANEN	ated EXACTI
IARGIN RESERVED FOR BINDING	NG INK-THIS IS	AGE should be st
IARGIN	UNFADI	supplied.
•	JY, WITH	carefully
. No. I	B.—WRITE PLAINI	mation should be

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

	-CERTIFICATE OF DEATH 9692
1. PLACE OF DEATH	23
County Ballinere	Registration Dist. No.
Village or City Malch Cliff	NoSt., Ward
Length of residence in city or town where deeth occurredyrs,m	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U.S. If of foralgn birth?yrsmosds.
2. FULL NAME Sister Mary Hilde Bert Le	ri Big
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Luig le	21. DATE OF DEATH September 3, 1937, (Month) (Day) (Vear)
5a. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attanded deceased from
1	- May 1 , 1937, to Sept 3 , 1937
6. DATE OF BIRTH (month, day, end yeer) Dec. 29-1904  7. AGE Years Months Oays If LESS than	I lest sew K.A. alive on Sept 1 , 1937; death is seld to have occurred on the data stated above, at 5. 20 C m
32 9 11 1 dey,hrs	
Trade profession or particular	were es follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Teacher	Pulmonary Tubenculosis 2
9. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Deta decaesed last worked et this occupetion (month end spent in this	
year) occupetion	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Balleware, Md (Stete or country)	
13. NAME Andrew Leibig	
14. BIRTHPLACE (city or town) Ballinge, Med	Name of operation Date of
(Stete or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Barbara Treuschler	23. If daeth wes due to extarnel ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Balliume, U.S. (State or country)	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT SY Mary Clara Nofels Eliel 4	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. Burial, CREMATION, OR REMOVAL Plece Notch Cligf, Private Sept6 th, 3	Mannar of injury
Plece Notch Cligi, Private Sept6 th, 3	Netura of injury
19. UNDERTAKER GOO. M. Fink & Son	24. Was diseese or injury in eny way related to occupetion of deceased?
(Address) 811. N. Wolfe St.	If so, specify
20. THEO/S) Hally Mitammet	(Signed) MINT Fellie M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street co	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923		1 year
		/6/	

FOR BINDING

IARGIN RESERVED

See instructions on back of certificate.

TION is very important.

19. UNDERTAKER

(Address)

1		F DEATH  Baltimore  ity Mount W	ilson	(H	CERTIFICATE OF DEATH  Registration Dist No.  Mt. Wilson Branch, Md.  No. Tuberculosis Sanatoriunst, death occurred in a horpital or institution, give its NAME instead of street and  ds. How long in U.S. If of foreign birth?  yrs.	9693  Ward
2		ME Mrs. H			If U. S. Veteran, specify WAR	nosds.
					St., Ward. Baltimore Mary If nonresident give city or town an	land
a Dell	PERSON	AL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
F	sex emale	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word) rried	21. DATE OF DEATH September 2 (Month) (Dey)	., 193 7. (Year)
	DATE OF BIRTH (	6 3		911  If LESS then 1 dey,hrs. ormin.	22. I HEREBY CERTIFY. Thet I attended August 28, 1937, to September  I last saw her alive on September 2, 1937 to have occurred on the dete stated above, at 7:05Pm.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	2 , 19 37
OCCUPATION	9. Industry or work wa: SAW MIII	ssion, or perticular vork done, as SPINNER, BOOKKEEPER, etc business in which s done, as SILK MILL, L, BANK, etc ed last worked et pation (month and	Ho Clothin	Hand and usework  Gime (years) on to this upation Unikenov		April1937
12.	BIRTHPLACE (cit		ltimore. Marvi	and.	Other Contributory Causes of Importance: Alcoholic Cirrhosis of the Liver	Unknown
FATHER	14. BIRTHPLACE	dward Wink (city or town)	Baltimor Mary	e. Tánd.	Peripheral Neuritis  Neme of operation None Date of	
	15. MAIDEN NA 16. BIRTHPLACE (State or INFORMANT (Address)	ME Fthel H (city or town) F country) Eleanor Pe Mt. Wi	enry, ront Roy Virg	al. inia.	What test confirmed diagnosis? X—TAY	, 19
18	BURIAL, CREMAT	ion, or removal	ur Dete Sep	t 6 1937	Manner of Injury	

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Registrar

mation should be carefully supplied. B.—WRITE V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5, 1927	Peritonitis	3 days ago
SUSEASI V. A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	DI AUL	LOIL	T. ORCHITIME	STATISMINITION	DA	THISTOTAM

shore blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

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Chronic interstitial nephrilis 1. C.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
CHARGO CONTROL	14 ug 1,1020	Guad Genter wee	1 year

A ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
after consulting Nr. William newcomer at
Endowood Hospital & decided a special inquest was
Endowwood Hospital of decided a special inquest was not necessary and that decared dead from natural Course The deceased had only entered the hospital the day provious
the deceased had only entered the higheral the day previous
Endwood Haskital was in no way to blame for his das
10
" Normantt. angell. Coroner.
" romant. argell. Coroner.

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

B.—WRITE PLA

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	)		l,		1	8	1

1. PLACE OF DEATH		(17)	17
Village or City Cockysville	(If	No. St., death occurred in a horpital or institution, give its NAME instead of street and street an	
2. FULL NAME Existy Ely (a) Residence: No.		If U. S. Veteran, specify WAR.  St. Ward.	mosas,
	Usual place of abode)	If nonresident give city or town ar	nd State
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
Temale White OR	NGLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193.7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)	7th 1936	1 HEREBY CERTIFY, That I attende 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19.3.7
7. AGE Years Months 9	Days If LESS than I day,hrs. ormin.	to heve occurred on the date stated ebove, at	Date of onsat
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupetion (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Saltimore Jud  (State or country)  13. NAME Verman A. Maas.  14. BIRTHPLACE (city or town) Hanover  (State or country) Germany		Other Contributory Causes of Importance:	9/3
		Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVA	Maas md.	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19 ate)
19. UNDERTAKER William Cook (Address) 1217 M. P. J. M.		Neture of injury	-7000
20. FILED Sept 5 17, 1937 9 Villian	I blilcoat.	(Signed) G. N. Dons has (Address) Leyes, Nac.	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
√\ enct *			
11 2. 2. 2.	73		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

B.—WRITE PL.

See instructions on back of certificate.

TION is very important.

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1. PLACE OF DEATH	947			
County Galtimore,	Registration Dist. No. 22			
Village or City files is the	NoSt.,Ward			
Length of residence in city or town where death occurred _2@yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)			
2. FULL NAME FAMMIE Elizabeth Marsh				
(a) Residence: No. Reisters town Road (Usual place of abode)				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Select 9th, 1937 (Month) (Day) (Mean)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris M. Marshall	22. I HEREBY CERTIFY. That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) Dec. 17th 1876	I last saw h aliva on, 19; death is said			
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.30 A m.			
60   0   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of one of the company of t			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Consess thron tois			
9. Industry or business in which work was done, as SILK MILL.				
SAW MILL, BANK, etc				
this occupation (month and 9/13)   11. lotal time (years)   11. lotal time (years)   12. lotal time (years)   13. lotal time (years)   13. lotal time (years)   14. lotal time (years)   15. lotal time (years)   16. lotal time (years)   17. lotal time (years)   18. lotal t				
12. BIRTHPLACE (city or town) Geft ysburg, Pas. (State or country)	Other Contributory Causes of Importance:			
II 13. NAME John Kuhn				
14. BIRTHPLACE (city or town) Sellysling Pa. (State or country)	Name of operation Date of			
15. MAIDEN NAME Sarah Felix	23. If death was due to extarnal causes (VIOL ENCE) fill in elso the following:			
16. BIRTHPLACE (city or town) SATA h FELIX	Accident, suicide, or homicide?			
17. INFORMANT MISS Ells n Marshall				
(Address) // ss ) // 4. 18. BURIAL (CREMATION, OR BEDWOMAL)	Wasser of Information			
Place Drug Vid 22 Date 9/4 , 1937	Menner of Injury			
19. UNDERTAKER Sauch & Secret	24. Was disease or injury In any way related to occupation of deceased?			
20. FILED 9/10/ 137 & Tuchal Registrar.	(Signed) Mr. Beall Corner M.O.			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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Chronic interstitial nephritis OCT 4 1951	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	NG INK-THI	AGE should be	that it may be	tong an hook of
7	VITH UNFADI	ully supplied.	plain terms, so	to Con implement
T	-WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECOR	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact s	TITOM in the continue of the book of the continue of the book

OCCUPA.

Jo

3. SEX

7. AGE

OCCUPATION

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MOLL

HUSBAND of

(or) WIFE of

SAW MILL, BANK, etc .....

10. Date deceased last worked at this occupetion (month and

14. BIRTHPLACE (city or town) (State or country)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER (Address)

plnous item of

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Balto Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U. S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_ 2. FULL NAME If U. S. Veteran, specify WAR\_\_\_ If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5e. If married, widowed, or divorced 22. CERTIFY Thet I attended deceesed from 6. DATE OF BIRTH (month, dey, end year) Months Days If LESS than Years to heve occurred on the date stated above, at, 1 dey,\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and releted causes of Importance or\_\_\_\_min. were as follows: Data of onset 8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc..... 8/12 9. Industry or business In which work was done, as SILK MILL

11. Total time (years) spent in this occupation .... Name of operation House What test confirmed diegnosis? Churcher Ourker Wes there an autopsy? \_\_\_ 23. If death was due to external causes (VIOLENCE) fill Intelso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Dete of Injury\_\_\_\_\_\_ 19\_ 16. BIRTHPLACE (city or town) Where did Injury occur? \_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 24. Wes diseese or Injury In any way releted to occupation of deceesed? If so, specify\_ (Signed) Registr If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer; mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			***
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			,

ADDITIONAL	SDACE FOR	PHIPTHEP	STATEMENTS	DV	DUVETCIAN
ADDITIONAL	SPACE FUI	E FURTHER	STATEMENTS	15 Y	PHISILIAN

nfor- state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH 0.000
	1. PLACE OF DEATH	2020
n of info	County Dultumore	Registration Dist. No. 42
sho f (	Village or City Haletharn	No. St Ward
70	length of residence in city or town where death coursed	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIANS tement	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
,		carmy
CORD. PHYSI act stat	(a) Residence: No. 1241 W, Cubb (Usual place of abode)	St., Ward.  If nonresident give city or town and State
DE LE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RECC.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 29th 1927
T L L led.	5a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
A C T Jassified	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
SXS	14/	, 19, to, 19, 19
IS A PEI stated E properly certificate.	6. DATE OF BIRTH (month, day, end year) Stolember 18, 1900	I last sew h; death is said
IS A I stated properl ertifica	7. AGE Yeers Months Deys If LESS than 1 dey,hrs.	to have occurred on the dete stated above, et 3.40 A.m.
IS sta pro pro	31 0 11 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
HIS be be of	Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
-	Industry or business in which	macuria skill
should it may n back	work was done, es SILK MILL, Boules Work	
0 t m	Spent in this year patron Charles and the spent in this year a	
NFADING I plied. AGE erms, so that instructions	year) occupetion 10 ws	Other Coutributory Causes of importance;
So so icti	12. BIRTHPLACE (city or town) Jack March (Stete or country)	
NFA plied rms, nstru		Fractury K. + L. am
C. W.	13. NAME Votrice . M. Forthy 14. BIRTHPLACE (city or town)	Junetured Left hig
YH U y sul lain t See	14. BIRTHPLACE (city or town) (State or country)	Neme of operation
Tig	19	What test confirmed diegnosis? My Was there en autopsy? No
ref in tan	E COMMON CONTRACT	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
INLY, WI be careful EATH in p important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Many Dete of injury 9-29, 1937.  Where did injury occur? CNO R A Deat Harris Mode
	tillian Mep Il	(Sanifarina da la
E PLA should OF D	17. INFORMANT AUGUM Mis Carum (Address) /241 W. Cruso St. Books	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Shoul E OF	18. BURIAL, CRANATION, OB REMOVAL	Menner of injury Struck by Train
	Plece Cla Cattle acoustic Cot 2,193	Nature of injury.
-WRITE mation s CAUSE TION is	19. UNDERTAKER John & Corvar von	24. Wes disease on injury in any way related to occupation of settants.
EOF	(Addiess) Golf Holley	If so, specify of function of the
	20, FILED \$113 - 19 22 PY . 600 x	(Signed) M. D.
4 1)	Registrar.	(Address) HM autos berd, Corone
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-PHYSICIANS should state

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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9	U	V	27

1. PLACE OF DEATH		48
County Dallemore		Registration Dist. No. 42
Village or City Cubulue	(I	No. Shelbourne Foud. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death oc	curredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Madelen	re mello	U. If U.S. Veteran specify WAR
(a) Residence: No. Shelbou	Ince (face)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	GLE, MARRIED, WIDOWED, DIVORCED, (write the word)	21. DATE OF DEATH  Sept 27, 1937  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Pour.	222 I HEREBY CERTIEN, Thet I attended deceesed from
6. DATE OF BIRTH (month, day, end year)	5 1882.	
7. AGE Years Months	Deys If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	ormin.	were as follows:  Date of one of
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	useworll:	Lessan 140
O DANI MILL, DANIN, GRO	44 7-4-14	
O 10-Date deceased last worked et this occupation (month and year)	11. Totel time (years) spent in this occupation	Usema.
O- o d	/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)		Carcenan of 24
13. NAME James G. Jan	therson.	Cent -
14. BIRTHPLACE (city or town)	2001.011	Neme of operation Applications (Pan) Date of May 1936
14. BIRTHPLACE (city or town)	Y-000-307-7-9	Whet test confirmed diegnosis?
15. MAIDEN NAME Oliving to	llison.	23. If death was due to externel causes (VIOL ENCE) fill In also the following:
[ 16. BIRTHPLACE (city or town)	<i></i>	Accident, suicide, or homicide? Date of injury, 19
(State or country)	30 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charle 9. M. (Address) Shelbourne Co	Jelle.	Specify whether Injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURISE, CREMATION, OR REMOVAL	1+	Menner of injury
Lover Jak Date	Syst 29, 1937	Neture of injury
19. UNDERTAKER Chemowed	Con.	24. Was disease or injury in eny way related to occupetion of deceased?
(Address) 3 6 15-17 6 hesty	tave.	If so, specify
20. FILED, Sept 27, 19 27 /10	sufuffer.	(Signed) 13 m. D. M. D. (Address) 2148 w. N. D. Cary

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
S. V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PHYSICIANS should state D. Every item of infor-

> stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

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mation should be carefully supplied.

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Exact statement of OCCUPA.

STATE OF MADVI AND CEPTIFICATE OF DEATH

9700

1. PLACE OF DEATH	93-P
County Ballo	Registration Dist. No. 3 3
Village or City Rushustoun (IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cafely H. Michael  (a) Residence: No. Rusterstown Md  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Sept (Day) 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vingrasia B. Michael  6. DATE OF BIRTH (month, day, end year) July 17 1858  7. AGE Years Months Days If LESS than 1 dey,hrs.	22. I HEREBY CERTIFY. That I attended deceased from \$-\$\frac{1}{2}\$. 19\$\frac{3}{2}\$. to \$-\$\frac{7}{2}\$. 19\$\frac{3}{2}\$. death is said to have occurred on the date stated above, et \$2\$\frac{3}{2}\textit{\Omega}_{\textit{m}}\$. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows: Data of onset
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) spent in this occupation (month and cocupation occupation.	myscarditis, Mhrsnic. 8-15-3
12. BIRTHPLACE (city or town) Fredrich Co (State or country)	Other Contributary Causes of imagriance:  Osteriosclerens 1934.
13. NAME Saac Muchael  14. BIRTHPLACE (city or town)	Name of operation Dete of Name.  What test confirmed diagnosis? Chinical West here en autopsy?
15. MAIDEN NAME Caroline Harrenfelty 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  Note:
17. INFORMANT Mrs. TR Saylor (Address) Trashusrille mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALE Place all Jaines Date Sypt 3, 137	Menner of injury Nane  Nature of injury Nane:
19. UNDERTAKER J. Elling 1 Sons (Address) Justinstown Md. 20. FILED Dehr 2, 19.3. 7 Justins. Registrar.	24. Was disease or injury in any way related to occupation of deceased? 22.  If so, specify S. D. Eagles M. D.  (Address) Resaturations 2 Med.

V. S. No. 1

B.—WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

PHYSICIANS should state Exact statement of OCCUPA.

ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

IARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	940
County Ballinou	Registration Dist. No. 36
Village or City Catonaulla	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds,
11 2/01. 0-	T
2. FULL NAME Searge William 1	1 own
(a) Residence: No. 2/8 Languy Moonly (Usust place of abode)	USt., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wite the word)	21. DATE OF DEATH Seft (8 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Helen & Mowen	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) \am 30 - 1898	I last saw h alive on 19 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above at 12 3 P m.
39 7 18 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Machinettes SAWYER, BOOKKEEPER, etc.	Date of office
SAWYER, BOOKKEEPER, etc.	Caronary Elevoses unt
work was done, as SILK MILL, Craus Coul + Seal Co	Orlens Schussis lup
11. Total time (years)	Illinonary Oadema unk
this occupation (month and spent in this 223	a my occupied value und
12. BIRTHPLACE (city or town) Green Cacle	Other Contributory Causes of importance:
(State or country) Pennsylvania.	adibl Sitt is class
# 13. NAME John Mocken	avout loss !
14. BIRTHPLACE (city or town) Lagran Cualey:	Name of appration
(State of country) Innsquone	Whet test confirmed diagnosis? and of Was there an au'opsy? Was
15. MAIDEN NAME Catherine Bush.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ancentrale:	Accident, suicide, or homicide? Date of injury, 19
El (State or country) Pennsylvania.	Where did injury occur?
17. INFORMANT Mrs belen Marrey (Address) 2/5 Shalle Home Court	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL & Green Gaslo Pa.	Manner of injury
Placebeder Id ill Genetary Date Sept 21, 193	Nature of injury
19. UNDERTAKER William Cook	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1217 St. Paul St.	If so, specify
20, FILEO Salt 18 1937 handall B west	(Signed) Thankall 10 West 1 M. O.
Registrar.	(Address) Catonnelle ha

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.-WRITE-PLAIN

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The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street ear  The principal cause of death and related causes of importance were as follows:  1 week age 1 week age
Run over by street car 1 week age
1927 Peritonitis 3 days ago
Other contributory causes of importance:
1923 Gastroenteritis 1 year

Plaza 210	ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIAN	

(Day)

That I attanded deceased from

Date of onset

# STATE OF MARYLAND—CERTIFICATE OF DEATH

State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

OCCUPA-1. PLACE OF DEATH Jo should Registration\_Dist. N item Jo If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residence in city or town where death occurred How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. statement If U. S. Veteran, specify WAR. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.9E 5. SINGLE, MARRIED, WOOWED, 21. DATE OF DEATH OR DIYORCED (wrighthe word) (Month 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AQ Months If LESS than Days 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, atc. nay Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 11. Totalime (years) 10. Date deceased last worked at that 12. BIRTHPLACE (city or town supplied FATHER 14. BIRTHPLACE (city or town) plain (Stata or country) carefully MOTHER important. in 23. If death was due to external cayses (VIOLENCE) fill in also the following: Accident, suicide, or homicida?\_\_ DEATH 16. BIRTHPLACE (city or town) (Stata or country Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods OF Manner of injury CAUSE mation NOIL Natura of injury way related to occupation of deceasad? 19. UNDERTAKER If so, specify (Signed) 20, FILED\_4

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	4	Example II	
The principal cause of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	iritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV & IVVI	July 5,1927	Peritonitis	3 days ago
and the second	BURHAU V. S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		<u> </u>		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.-WRITE PL

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V. S. No. 1

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(83) (2) R X
County Baltimore	
Village or City Catonsville  Langth of residence in city or town where death occurred	No. Spring Grove State Hospe St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)  mos. 24 ds. How long In U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Robert Nice	If U. S. Veteran, specify WAR
(a) Residence: No. 2807 Montebello Terrace Baltimore (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word single	September 18 193
5a. If married, widowad, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from May 24 19 36 to Sopt. 18 19 37
6. DATE OF BIRTH (month, day, and year) March 1, 1885	I last saw h alive on
7. AGE Years Months Days If LESS the 1 day,	to have occurred on the date stated above, at
e Irada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	General paresis bef. 1935
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Data decasad last worked at this occupation (month and	Chronic alcoholism
10. Data decassed last worked at this occupation (month and year) - 1934	8
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Canses of importence:
13. NAME Robert Nice	
14. BIRTHPLACE (city or town) Mar yland (State or country)	Nema of operation Date of Clinical and
15. MAIDEN NAME Manland V. Elliott	What test confirmed diegnosis? clinical and was there an autopsy?
15. MAIDEN NAME Manland V. Elliott  16. BIRTHPLACE (city or town) Maryland (State or country)	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Hospital records (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL C. Date 9/1/19	Manner of Injury
19. UNDERTAKER WM Cork (Address) 1217 S. Party.	24. Was disease or injury in eny way related to occupation of deceased?
20, FILED 9-18 , 19 3 of Alle Gardense Registral	(Signad) Addrass) Catus Sell Aug.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		4	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year
		- A	
		1.0	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

SIAIL OF MANILAND CENTILICATE OF DE	TATE OF MARYLA	ND-CERTIFICATE	OF	DEA	T
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9704

1. PLACE OF DEATH		-	95-20
County	County Baltimore		Registration Dist. No.
Village or City Spring Gr	ove Hospita	1, Catonsv	ille Md. St. Ward
		(I	f death occurred in a hospital or institution, give its NAME instead of street and number)
		yrs/mos	s22_ds. How long in U.S. if of foreign birth?yrsmosds
ALLOCK MAINE	eth Norris		If U. S. Veteran, specify WAR
(a) Residence: No. Churc	htown, Md.		Ust, a! Ward.
BERGOVIII AVE CEVE	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STAT  3. SEX 4. COLOR OR RACE			21. DATE OF DEATH
F. White		RRIED, WIDOWED, ED (write the word)	Sept. 19 193 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of			2-37 (1)
(or) WIFE of William J	Norris		22. i HEREBY CERTIFY, That I attended deceased from 19.37, to Sept. 19.37
		2 // 1070	liast saw her alive on Sept. 18 ,1937 ; deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month			to have occurred on the date steted above, et 12:458 and a
		if LESS than I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
67? ?	?	ormin.	were es follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNEF SAWYER, BOOKKEEPER, etc	R, Houskoon	279	Generalized Arteriosclerosis before 193
Industry or business In which	O TTo	Pd	Arteriosclerotic Heart Disease
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Houskeeper  Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and if the spent in this inclusion) in the common of the second in this common and if the spent in this inclusion (month and if the spent in this inclusion).			Al dellopologo in the second
10. Date deceased lest worked at this occupetion (month and 11	e 11. Total	time (years)	
year)	ос	cupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Balti (State or country)	more, Md		
13. NAME John Adam I	ang		
13. NAME John Adem I			200
(State or country)			Whet test confirmed diegnosis?Clinical Was there an autopsy? No
15. MAIDEN NAME Minnie V	lilhemina K	rchner	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Minnie V  16. BIRTHPLACE (city or town)	Inknown		Accident, suicide, or homicide? NO Date of injury 19
(State or country)			Where did injury occur?None
Hospital Re	cords.		Where did injury occur?
17. INFORMANT (Address)			
18. BURIAL, CREMATION, OR REMOVAL	0.0		Manner of injuryNone
Place OUDON PARK	Date SEP	T 21,1937	- Neture of injury
av 4 J	Skarl+	don't	24. Was disease or injury in any way related to occupation of deceased? NO
19. UNDERTAKER I A TON	th + Ja	and	if so, specify
96-	201	-Qua	(Signed) John J Junkey M.
20. FILED, 195, 195	- Cyce	Registrar.	(Address) Oatrekall and
b h	A. W. Jasan	11	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of interestance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—I

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6
County Baltierore	Registration Dist. No.
Village or City Catourelle (If	No. 207 dugleside Cotte St., Ward death occurred in a horpital or matitution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Liongs (1), Morre	
(a) Residence: No. 2-07 Ally Reside OV (Vaual place of abode)	St., Ward.  If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. ODVOR OR PLACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (Twrite the word)	21. DATE OF DEATH Refet. 30 ,193 7 (Yest)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of elle to. Lebro	22. I HEREBY CERTIFY, That I attended deceased from 19.30, to 12.44 30, 19.37
6. DATE OF BIRTH (month, day, and year ODA 1 1868	I last saw have alive on Atfat 30 , 19 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.5.5 m.
68 11 30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 8. Trade profession or particular	aute dilatation of heart 193
S 9 industry or husiness in which	
work was done, as SILK MILE. Left Les Kelle	
O 10. Date deceased last worked at this occupation (month april 53) 11. Total time (years) spart in this occupation (month april 53) occupation (month april 53)	
12. BIRTHPLACE (city or town)	Other Contributor Causes of importance:
(State or couptry))	Car Jia history Took he Que 193
13. NAME John Maris	The state of the s
14. BIRTHPLACE (aty or town)	Name of operation
(State or country)	What test confirmed diagnosis? Wes there an au'opsy?
I 15. MAIDEN BELLIE & Telliphrey	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Preliment 9, Maris	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
200 00 55 fuelesido al Satouenil	
18. BURIAL, CREMATION, OR REMOVAL A Date OCH 4, 193	Manner of injury
Trade of the state	Nature of injury
19. UNDERTAKER Of LOCAL COLOR (Address) Color Color	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 19.3 Registrar.	(Signed) M. D. (Address) Africa All M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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CEDTICICATE OF DEATH

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Cerebral hemorrhage	NOV 2 1037	July 5,1927	Peritonitis	
	Security Sec	,		
Other contributory	causes of importance:	.3	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Year)

Date of enset

3ms.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	6	PLACE OF DEATH	. (942)
1		age or Engrison med (No. MX	Rose au
		2 FULL NAME Joshua M. P.	atterson
		PERSONAL AND STATISTICAL PARTICULARS	MEDIC
	35 M	AL A COLOR OR RACE 5 SINGLE, MARRIED WIDOW PLANTED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH
	6 D	ATE OF BIRTH	Schuely 2
		DEC 26 1863	that I last saw h
	7 AG	(Month) (Day) (Year)	and that death occur
		179 0 6 - If LESS than I dayhrs.	The CAUSE OF DEAT
	-		000 44.00
	(a	Trade, profession or Pulice officer	COPOWIE
1	(b	articular kind of work	***************************************
1	y bi	usiness, or establishment in hich employed or (employer)	7/
-		(State or country) Carroll Co Md	Contributory Secondary
		10 NAME OF SHOWLSON Palterson	(Signed)
	ENTS	11 BIRTHPLACE OF FATHER (State or country) Carroll Camb	*State the Diviolent Causes, st.
	PAR	OF NOTHER COMMINA MUST	Accidental, Suicida  18 LENGTH OF RES lents, or Recent Re
		13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs me
	14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contractif not at place of death?
		(Informant) MS. Clarar D. Palluson	Former or usual residence
		(Address) MX Case ave Balte.	19-PLACE OF BURIA
	15 F	iled 9/24 1987 6. E. Nichols	20 TYPDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 32

St; Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### MEDICAL CERTIFICATE OF DEATH

(Month) (Day) (Year)
17 LHEREBY CERTIFY, That I attended the deceased from Schhully 20 1937, to to 23 20 , 19237
that I last saw h and alive on Sell 3 3 - 1923
and that death occurred on the date stated above, at Ili 20. fe. m
The CAUSE OF DEATH A was as follows:
a Ma
Corowary Thrombous
~
Contributory Fertusian Mos. 3 de
7
(Signed) & Welces M.D. SARAY 1927 (Address) Poller wells well
Safet 24. 1927 (Address) Pollis wille wel
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
At place In the of death yrs. mos. da. State,yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

ADDIESS

V. S.

S. No. 1.

467

6: C

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EXPCA!

100

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the disease causing death gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal minc, etc. Wom er," etc., without more precise specification as Day Never returu "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Civil engineer, Stationary fremen, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the head of "contributory." Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal seplicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," ctc., when a definite disease rhage," "Inanitiou." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report more symptoms or terminal vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for mallgnant neoplasms); Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinomu, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; .. (name origin; "Caucer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Measles; (second-

If this certificate is looked over thoroughly and all questions onswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1, PLACE OF DEATH	159
County Balto.	Registration Dist. No. 33
Village or City Reisterstown	No. 2nd. St. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	s/_ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Caby Bay Payn	C
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  That  Colored.  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  September 19 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Baby.	22. I HEREBY CERTIFY, That I attended deceased from Sept 18 ,1937, to Sept 19, 1937
6. DATE OF BIRTH (month, day, end year) Sent 18, 1937.	I lest saw have elive on Sept 18 1937; death is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,- <b>/-2</b> hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BODKKEEPER, etc. hone	Prematurity 9/18/
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
this occupation (month and Bally occupation Bally	
D. T. tan	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
± 4 · 0 0 d.	Danse
(State or country)	Name of operation Date of Non
The state of the s	What test confirmed diegnosis? The Westhere an autopsy? Westhere an autopsy?
I Comment of the	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Date of injury  Date of injury
16. BIRTHPLACE (city or town)   Resters town   (State or country)	Where did injury occur?
Jan It.	(Specify city or town, county and State)
17. INFORMANT Marine (Address) Reinsteratown mad	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Prone
Place Reinteratorin Date 9/20, 1937	Nature of injury Drone
19. UNDERTAKER John Eline	24. Was disease or injury in eny way related to occupation of deceased?
(Address)	If so, specify
20. FILED Jeff Lo., 1937 Skurt wel	(Signed) N. W. Capter M. I
Registrar.	(Address) Kesswanning Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i li	Example II	of death and related causes Date of onset			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

infor-	state	UPA-	
em of	pluods	JOC J	
E-B.—WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	mportant. See instructions on back of certificate.
NT RECO	LY. PH	I. Exact	
ERMANE	EXACT	y classified	te.
SISAP	stated	properly	certifica
NK-THI	should be	it may be	TION is very important. See instructions on back of certificate.
DING I	1. AGE	, so that	uctions o
H UNFA	supplied	in terms	See instr
LY, WIT	carefully	TH in pla	ortant.
PLAN	hould be	OF DEA	•==
-WRITE	mation s	CAUSE	TION is very
B	1	1	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9709
1. PLACE OF DEATH	(44E)
County/Dallmore	Registration Dist. No. 31
Village or City Woodlawn md.	No. Pices Kane St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foraign birth?
2. FULL NAME Lellian (1). Cerry	If U. S. Veteran, specify WAR
(a) Residence: No. Pieas Lane	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Anie the word)	21. DATE OF DEATH  efterular 13- (Month) (Oay) (Yeer)
(or) WIFE of Joseph & Cerry	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, dey, and year) Aug 21-1907	1 last saw h. w alive on Sept 15th , 1937; death is said
7. AGE Yaars Months Days If LESS than	to hava occurrad on the date stated above, et/0.36 m.
36 0 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows
8. Trada, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, atc	Gost partum hemorrhage
9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date decaasad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Saltruce	Other Contributory Causes of importanca:
(State or country) and.	
13. NAME has feeman	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME Tredericka Trendmann	23. If death was due to external causas (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicida? Oete of Injury, 19 Where did Injury occur?, 19
17. INFORMANT MAN JOS & Perry (Address) (Word Carry and	(Specify city or town, county and State) Specify whethar injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oodlaw Oate Sept 18, 137	Manner of Injury
19. UNOERTAKER William Cost (Address) 1317 St Paul St	24. Was disease or Injury In any way related to occupation of daceased?
20. FILED Sept 15- 19 37 Wm & martin Registrar.	(Signed) M. E. Martin M. D. (Address) Candalls town, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	l)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1
		1,5 %	1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

B.-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County B alluque	Registration Dist. No. 33
Village or City Reus ters him	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U. S. if of foreign birth?
(a) Projection to Hand And And And And And And And And And A	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22 , 193 (Fonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Charles & Platt	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) March 21, 1853	i last saw A alive on Sadt. 24 1932; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et 9.1m.
84 6 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
9 Trade profession or particular	Ceretral hunors (9/8/3)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed last worked at this occupetion (month end 3 munth spent in this 3 yeer)	
12. BIRTHPLACE (city or town) Granto (State or country) my	Other Contributory Causes of Importance:
# 13. NAME Robert Jaggart.	
13. NAME Robert Jaggart.  14. BIRTHPLACE (city or town) Jaggart.  (State or country) of reland	Neme of operation Date of  What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME & arah Mc Bribe	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME & arah Mc Bribe  16. BIRTHPLACE (city or town)  (Stete or country)  Land	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Margaret & ruller (Address)	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Cern. Date Sefet. 25, 1937.	Menner of Injury
19. UNDERTAKER William Berry may of Jus (Address) Reis ters trus, mg.	24. Was disease or injury In any way releted to occupation of deceased?
20. FILED Sept 23 , 19 37 / FRankiel Registrar.	(Signed Marie M. D. (Address) Rand allstown, mg

01410

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	()	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bulletin V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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item of infor-	should state	of OCCUPA.	
RITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT REARD. Every item of infor-	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
ERMANENT R	EXACTLY.	classified. E	·e.
IS IS A P	e stated	e properly	f certificat
INK-TH	E should b	it it may b	on back o
UNFADING	upplied. AG	terms, so that	N is very important. See instructions on back of certificate.
LY, WITH	carefully su	ATH in plain	portant. Se
RITE PLAN	d bluods noi	ISE OF DE	N is very im

19 UNDERTAKER (Address)

20, FILED.

### STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County\_\_\_\_Baltimore Registration Dist. No. No. Spring Grove State Hospe St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Catonsville Length of residence in city or town where death occurred 4 yrs 11 mos. 4 ds. How long in U.S. if of foreign birth? 32 yrs. 2 mos. 2 ds. 2. FULL NAME John Prochownik If U. S. Veteran, specify WAR (a) Residence: No. 806 S. Bond Street St. Ward. (Usual place of abode) Baltimore, Md. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 3. SEX 4 COLOR OR RACE OR DIVORCED (write the word) September 1 white male married 5a, if merried, widowed, or divorced HUSBAND of Mary Gribes I HEREBY CERTIFY. That I attended deceesed from September 28 1932 to Sept. 1 19 37 Hest sew h im elive on September 1 19 37 deeth is seld May 16, 1873 6. DATE OF BIRTH (month, day, end yeer) to have occurred on the date stated above, et . 9 . R. m. em. 7. AGE Yeers Months Days If LESS then 1 day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 64 3 16 or\_\_\_\_min. Date of enset Trede, profession, or perticular kind of work done, es SPINNER, pattern maker SAWYER, BOOKKEEPER, etc. OCCUPATION Bronchopneumonia 9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... Generalized arteriosclerosis Unknown 10. Dete deceesed lest worked at 11. Total time (yeers) spent in this this occupation (month end year) - Aug - 1932 --occupation ... 1111 kmay Poland 12. BIRTHPLACE (city or town) \_\_\_ (Stete or country) Chronic alcoholism FATHER Ignatius Prochownik 13. NAME 14. BIRTHPLACE (city or town) Pol and Neme of operation\_\_\_\_\_nong\_\_\_\_\_\_ Dete of\_\_\_\_\_ (Stete or country) What test confirmed diegnosis? Clinical Was there en au'opsy? VOS 23. If death was due to externel ceuses (VIOLENCE) fill in also the following: MOTHER Annie Gach 15. MAIDEN NAME Poland Accident, suicide, or homicide? \_\_\_\_\_\_ Dete of injury \_\_\_\_\_\_ 19\_\_\_\_\_ 16, BIRTHPLACE (city or town) ---(State or country) Where dld Injury occur?\_\_\_\_\_ (Specify city or town, county and State) Hospital records Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT .. (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Neture of injury

at nethed address Date Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

if so, specify ....

24. Wes disease or injury in any way releted to occupetion of deceesed?\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		í i	Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	EIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	itis ****	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OOT 3 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory can			Other contributory causes of importance:	Em not	
Gallstones		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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TION is very important. See instructions on back of certificate.

PHYSICIANS should state statement of OCCUPA-

Exact

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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01	1	- 1	
U	6		4

1. PLACE OF DEATH	42.	H-B	
County Saltiners		Registration Dist. No. 4	4
Village or City		No. 411 Lawry Ave. St., death occurred in a horpital or institution, give its NAME instead of street an	d number)
Length of residence In city or town where death	h occurredyrs,mos	ds. How long in U.S. il of foreign birth?yrs	_mosds.
2. FULL NAME William	Keinig	If U.S. Yeteran specify WAR	
(a) Residence: No. 411 Lawr	(Disual place of abode)	St., Ward.  If nonresident give city or town a	and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white	SINGLE, MARRIED, WIDOWED; OR DIVORCED (write the word)	21. DATE OF DEATH	, 193_7(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Reinig	22.   HEREBY CERTIFY, That I attend 3- 22 ,19-37, to 9-17	
6. DATE OF BIRTH (month, day, and yeer)  7. AGE  Yeers  Months  6.3	Days   18 Tet   1 day,	to have occurred on the date steted above, at 10:30 Pm.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:	Z.; death Is said
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	licaman	Canas of Stormach	Muka
this occupation (month and 77 37)  12. BIRTHPLACE (city or town)  (State or country)	11. Total time (years) spent in this occupation 20 nore	Other Contributory Causes of importance:  (access Cachexica  and Mysearders  Insufficiency	about Mus
13. NAME LEW LEC  14. BIRTHPLACE (city or town)	Germany.	What test confirmed diagnosis:	an autopsy? 200
15. MAIOEN NAME Margaret  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT John Re (Address) 22 17 1. Washung	Alimit / rager/ Baltimon inig	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	, 19 State)
18. BURIAL, CREMATION, OR REMOVAL Place Sulumyn Amuskay	111 21 -0	Manner of injury	
19. UNDERTAKER AND MEST JONE (Address) 424 N. Proceed	o luc	24. Was disease or injury In any wey related to occupation of deceased?  If so, specify	240
20. FILED X 1/2 1. 20 1957 317	Refistrar.	(Signed) (Address) V 901 E. Maries Street, Baltimore, Requesting V. S. No. 1. Process	KS Y

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 0 20	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
		-				~ ~ 1

Exact statement of OCCUPA-

N. B.-WRITE PLA

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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County  Willage or City  Cafford of City	1. PLACE OF DEATH		CHO C	1610
Village or City	County	Balto	Registration Dist No. 30	
Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city of town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town where death occurred by 15.  Langth of residence in city or town and State or country by 15.  Langth of residence in city or town and State or country by 15.  Langth of residence in city or town and State or country by 15.  Langth of residence in city or town and State or country by 15.  Langth of residence in city or	Village or City	tousville	No 8 Hillsida Road	Word
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  (Usual place of abode of two interesting and p		. (1	f death occurred in a hospital or institution, give its NAME instead of street and	number)
(a) Residence: No. (Uvusi place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SHYGER, MARRIED, WITOPUTCH  ACCOUNTY CONTROL  S. II married, widewasses threeword  ON BANCHARD WITCH Control	Length of residence in city or to	wn where death occurred yrsmo	sds. How long in U.S. if of foreign birth?yrsn	10sds.
PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  1. S. SINGER, MARRIED, WITOTOPED  OR SURGED Contents word)  1. DATE OF DEATH  2. DATE OF DEATH  3. ST. Month)  2. DATE OF DEATH  3. ST. Month)  3. ST. Month, day, and year) Or of Marking Contents  4. DATE OF DEATH  2. DATE OF DEATH  3. DAT	2. FULL NAME	elbert W. Kenn	If U. S. Veteran, specify WAR No Kreen	2d
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SHOCK, MARKED, WIDOWED  OR BANGAGED with the word  5. HI married, wideway and year)  6. DATE OF DEATH  22. LI HE REBY CERTIFY (19) I stended deceased from 1937, to 1937, death is said to heve occurred on the date stated above, 1937, death is said to heve occurred on the date st	(a) Residence: No.			
3. SEX  4. COLOR OR RACE  S. SHORER, MARRIED, MITOTOWED, OR DIVENCED Combination of the Color of	PERCONAL AND CT			d State
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HUSAND of Ella W. Remern  6. DATE OF BIRTH (month, day, and year) Det 11 M 8 TO  7. AGE Years Months Days If LESS than 1 day. hrs. hrs. hrs. hrs. hrs. hrs. hrs. hrs	Male 4/h		Sept 20 =	, 193 Z
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6. DATE OF BIRTH (month, day, and year) Oet 1870  7. AGE Vears Months Days If LESS than 1 day, hrs. or min.  8. Trede, profession, or particular sind of work done as SPINNER, SAW MILL, BANK, etc.  9. Industry or business in which SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  25. MAIDEN NAME  26. Country  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREANTION, DR REMDUAL  Place  (Address)  19. UNDERTAKER  (Address)  11. Total time (years) spent in this occupation of deceased?  (Signed)  11. Total time (years) spent in this poccupation of deceased?  12. Unity occurred on the date stated above, 20. m.  The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows.  12. DIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  26. Country  27. INFORMANT  (Address)  28. BURIAL, CREANTION, DR REMDUAL  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED PLACE  (Signed)  M. D.  20. FILED PLACE  (Signed)  M. D.  11. Total time (years) and stated above, 20. m.  11. The profession, repair country and state) said to extend a causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?  20. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Signed)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  M. D.  20. FILED PLACE  (Signed)  M. D.  11. Total time (years)  12. Material causes of importance:  12. Material causes of importance:  13. Home of operation of the date stated above, 20. m.  14. Burthplace (city or town)  15. Burthplace (city or town)  16. Burthplace (city or town)  17. Information	HUSBAND OF Ella:	W. Remner		deceased from
7. AGE Years Months Days If LESS than to heve occurred on the date stated above, Manager of the profession, or particular wind of work done, as SPINKER, SAWYER, BODKKEPER, etc.  8. Trede, profession, or particular kind of work done, as SPINKER, SAWYER, BODKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BODKKEPER, etc.  10. Date decessed last worked at 11. Total time (years)  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME Class. Researcy  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL CERMANTION, DR REMOYAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  M. D.  Oats elensta the date stated above, M. The The The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  19. Undertaker  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  M. D.  Oats elensta the date stated above, M. The The The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  19. Undertaker  (Address)  M. D.  Oats elensta the Michael Causes of Importance were as follows:  19. Undertaker  (Address)  M. D.  Oats elensta the Address of Importance were as follows:  Oats elensta the Address of Importance were as follows:  Oats elensta the Address of Importance were as follows:  Oats elensta the Address of Importance were as follows:  Oats elensta the Address of Importance were as follows:  Oats elensta the Address of Importance were as follows:  Oats elensta the Address of Importance were as follows:  Oats elensta the Address of Importance were a folium to the related causes of Importance there are follows:  Oats elensta the Address of Impor	c DATE OF DIDTH (	O+ 11x 1870	0/1	, 19,2/
Street   Tree			114.1 2	,_; death is said
3. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDKKEPER, etc.  3. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  11. Total time (years) spent in this year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, DR RENDYAL Place  (Address)  19. UNDERTAKER  (Signed)  M. D.  M. D.  (Signed)  M. D.  M. D.  M. D.  (Signed)  M. D.  M. D.  (Signed)  M. D.  M. D.  M. D.  (Signed)  M. D.  M. D.  M. D.  M. D.  (Signed)  M. D.  M		// Q 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence	
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17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. INFORMANT (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Manner of injury Neture of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or	O 16. BIRTHPLACE (city or town)	un Kuma		, 19
17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place  19. UNDERTAKER (Address)  17. Part  19. UNDERTAKER (Address)  18. Date  19. UNDERTAKER (Address)  19. The second of th		2 ,	(Specify city or town, county and Sta	te)
18. BURIAL, CREMATION, DR REMOVAL Place Park Date Sept 23 19 3 Neture of injury  19. UNDERTAKER (Address)  12.17 St. Penl St. (Signed)  (Signed)  Manner of injury  Neture of	Art I I I I I I I I I I I I I I I I I I I	The state of the s		ACE.
19. UNDERTAKER (Address)  12.77 St. Penl St.  15. (Signed)  (Signed)  Meture of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  M. D.	7	L 9 44		**********
19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  M. D.	Place backon Pa	Date 041 23 193	Neture of injury	
(Address) 1217 St. Peal St. If so, specify  20, FILED Self 23, 197 Washall B bed (Signed) 6 MM rm. M. D.	19 HNDEPTAKED Will	iam Cook		
20, FILED Self 23, 197 Marshall B Geof (Signed) 6 MM rmm M.D.	10.00	St. Punl st		
20. FILED	20 FILED Sold 25 109	Marial a DD-B local	(Signed) 6 m rm	
	20. FILED	Registrar.	(Address) 806 M Fulton DE.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as, "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	To a second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.—WRITE PLAIMLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 9714	
1. PLACE OF DEATH	
County Baltman	Registration Dist. No.
Village or City At evensor, No. St., Ward	
(If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred	
1 . 8-11 8	
(a) Residence: No. Hours Rol & william anst., Ward. Devenation, N. J.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Moght) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Bols Ries	22. I HEREBY CERTIFY, That f attended deceased from
71-16-1867	[ last saw h alive on 19 death is sald
6. DATE OF BIRTH (month, day, and year) / / / / / / / / / / / / / / / / / / /	to heve occurred on the date stated above, atm,
(/ 9   9   / 9   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Jrade, profession, or particular	were es follows: Date of one et
kind of work done, as SPINNER, Chemist	averna i meaning a thereby.
9. Industry or business in which work was done, es SILK MILL, paint factory SAW MILL, BANK, etc.	Duration & Underson as declared was a
	matter bere boom new bersey.
year) occupation occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) the ladelphica, 56 (State or country)	
13. NAME States (city or town)  14. BIRTHPLACE (city or town)  (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Athering Spech 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?0ate of injury, 19
(State or dountry)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AND LONG YEARS ACLES	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 127, 9-	Manner of injury
Place Haddan Leghla Date Sept 0 , 193/	Nature of injury
19. UNDERTAKER Trank A- Meurel (Address) Planting of md.	24. Was disease or injury in any way retated to occupation of deceased?
20. FILED 9/1/ 197 & Eg Wiehal	(Signed) Met Deall, Coroner (Address) Pilkes ville Wid.
Registrar. (Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DOT 4 1937	July 5,1927	Peritonitis	3 days ago
	monati V.S.	e L		
Other contributory c	auses of importance:	į	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL STACE FOR FURTHER STATEMENTS BY PHISICIAL
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

6 4	600	4	Proc.	
4.3	17	- 1		
V	6	1	1)	

1	L PLACE OF	DEATH			(23)	
		altimore			Mt. Wilson Branch, Md. No. Tuberculosis Sanatoriumst.	
		Mt. Wilso		H)	death occurred in a horpital or institution, give its NAMF, instead of street and	Ward ward
	Length of reside	nce In city or town where d	leeth occurred]	yrs3 mos.	. 16 ds. How long in U.S. If of foreign birth? 16 yrs. 2	mos2ds.
2	2. FULL NAM	E Mrs. And	geline S	Santivasc	i If U. S. Veteran, specify WAR	
	(a) Residence	: No. 504 N	Chester (Usualplace		St, Ward. Baltimore Md. If nonresident give city or town an	nd State
		L AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Female	4. color or RACE White		RIED, WIDOWED, D (write the word) Led	21. DATE OF DEATH September 9 (Month) (Day)	, 1937 (Year)
5a.	. If merried, widowed HUSBAND of (or) WIFE of	or divorced Innocento S	Santivas	sci	22.   HEREBY CERTIFY, That I attende May 24 , 19 36, to September	
6.	DATE OF BIRTH (m	onth, day, and yeer) Me	arch, 27,	1903	I last saw h.er. alive on September 9 ,19.3	Z.; death is said
7.	AGE Yeers	Months	Days	If LESS then 1 dey,hrs.	to have occurred on the date steted above, at .505Pm.	
	34	5	13	ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Date of onset
OCCUPATION	9. Industry or bu	rk done, as SPINNER, COKKEEPER, etc siness in which lone, es SILK MILL,	Housewo		Pulmonary Tuberculosis	March 1935
0000	10. Date deceased this occupe	BANK, etclast worked at tion (month and	At Home	ime (yeers) nt in this 13 upation 13		
12	. BIRTHPLACE (city of Country)		own. caly.		Other Contributory Couses of Importance:  None	
ER.	13. NAME V	ito Shiliro	),			
FATH	14. BIRTHPLACE (c)	city of town/	Inknown .		Name of operation None Date of Whet test confirmed diegnosis 2X = rey and was there er	autopsy? NQ
ER	15. MAIOEN NAME	Josephin	ne Aguir	10.	UDEFCIE DECILII WETE FOUND 1  23. If death was due to external ceuses (VIOLENCE) fill in elso the following the following state of the fo	r sputur
MOTH	16. BIRTHPLACE (c)	,,	cnown. Italy.		Accident, suicide, or homicide? Date of Injury  Where did injury occur?(Specify city or town, county and Si	, 19
	(Address)	ouis R. Sch Mt. Wilso		2.,	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC f	LACE.
18	Place	y redeemer	1 Date Sep	1.13,1037	Manner of injury	
19	UNDERTAKER W	endell J.	Dippe	alle The	24. Was disease or injury in any way releted to occupetion of deceased?  If so, specify	No
20	FILED SEST	9 ,1037	Spaul	Spalde Registrar.	(Signed) Mt. Wilson Md	M.D.

If more blanks are needed, address State Registrar 2411 N. Chances Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	*	10	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	item	she	of
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
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V. S. No. 1	B.		
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	716
1. PLACE OF DEATH		~
County Baltemore	Registration Dist. No. 3	7
Village or City Oocheysrille	No. Masonic Homes of mel	Ward
Length of residence in city or town where death occurred 1 vrs 2 mos	death occurred in a hospital or institution, give its NAME is lead of street and 2.5. ds., How long In U.S. if of foreign birth?	number)
2. FULL NAME Mes Sallie Webster	dehal	0303.
(a) Residence: No. 2107 Maryland Co	St., Ward.	
(Usurplace of abode) 3	times her If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  White  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  September 17  (Month) (Day)	, 193 7 (Yaar)
5a. If married, widowed, or divorced  **BUSDAND of  (or) WIFE of Anches J. School	22. I HEREBY CERTIFY That I attended	deceesed from
6. DATE OF BIRTH (month, day, and year) October 14-1860	I last saw h Levaliva on Sept. 15 193	7; death is said
7. AGE Years Months Days IT LESS than	to have occurred on the date stated above, at 4. P.m.	
76 11 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:	1 - 1 - 1
Kind of work done, as SPINNER,	aretrio Selevisio	1930
SAWYER, BOOKKEEPER, atc.	Chonic interstitiel	
3. Industry or business In which work wes done, as SILK MILL SAW MILL, BANK, etc	Nephretis	
10. Deta deceased last worked at this occupation month and year)		
Blot. Or of	Other Cantributory Causes of importance:	4 day
12. BIRTHPLACE (city or town) (State or country)	Memea	Tady
13. NAME Benson Jane		
13. NAME Senjamy Lamber 14. BIRTHPLACE (city or town) Phelocololphia Par	Nama of operation	-
(State or country)	Nama of operation Oete of What test confirmed diagnosis? Wes there en	nutanau?
15. MAIDEN NAME Mary C. Druden	23. If deeth was dua to axternat causes (VIOLENCE) fill in elso the following	
15. MAIOEN NAME Mary & Dryden  16. BIRTHPLACE (city or town) Bultimere Quel  (State or country)	Accident, suicide, or homicide? Oate of Injury	•
Man	Where did injury occur? (Specify city or town, county and State	(e)
17. INFORMANT Maronic Vione sees. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place of weedow level Deta Sept 20, 1937	Nature of injury	
19. UNDERTAKER Josh: Cok Bullinore 57	24. Was diseese or injury in any way related to occupation of deceased?	
20. FILEO Sefet 17, 19-37 J.M. Schoole Registrar.	(Signed) William Fr. Skello (Address) 6 2 Biddle &	. м. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

4	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week o.go
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	100	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT		-
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A	SINDING	PERMANENT
W. B.—WRITE PLAINLY, WITH UNFADING INK—THIS	5	IS A
W. B.—WRITE PLAINLY, WITH UNFADING INK-	CH A	-THIS
V. B.—WRITE PLAINLY, WITH UNFADING	日の日	INK
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V. B.—WRITE		PLATNLY,
	1 .0.1	B.—WRITE
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RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

V. S. No. 1

See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9717
1. PLACE OF DEATH	(1/5)
County Balto	Registration Dist. No. 83
Village or City Recoters tour 200	No. St Ward
(If Length of residence in city or town where death occurredyrsAmos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME & FORMER S. Solgel	Jf U.S. Veteran, specify WAR
(a) Residence: No. 28011 13th At War	Ming To Ward. A Proper sident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH    Z -   193   (Vear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julian G. LeforEffer.	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 150 me Muse
18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Rind of work done, as SPINNER,	l X · A J X / X
Kind of work done, as SPINNER,  SAWYER, BDOKKEEPER, etc.  SIndustry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	CEMIL NIL MY HEAT
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation occupation	
12. BIRTHPLACE (city or town) Mary (State or country)	Other Coutsibatory Causes of importance:
	flight for the Dang; meaning thereby
14. BIRTHPLACE (city or town)	Neme of operation several days surely Dete of
(State or country) Back Co.	Neme of operation
15. MAIDEN NAME Jasak Cork	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 201, (3 db 1) (5) hearth	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Druid Ridge Date Sept . 15, 1937	Neture of Injury
19. UNDERTAKER J. F. Eline & Sons	24. Wes diseese or injury in any way releted to occupation of deceased?
(Address) (Bustintown md)	If so, specify & Is Edward Myers act. Coroner
20. FILED Self 13 , 19.27 Alundares Registrar.	(Signed). M. D. (Address) Relaters town Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BORRAU V. S.			<i>*</i>	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1-year	
			*	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BYTHISICIAN

MARGIN RESERVED FOR BINDING

STATE OF	MARYLAND—CERTIFICATE OF DEATH	

1. PLACE OF DEAT				107.00	1/1
County Ball	more	0.41.4		Registration	Dist. No. 7
Village or City	olely t	liff		No	St.,Wai
		00		death occurred in a hospital or institution, give its NAM	
		0		ds. How long in U.S. if of foraign birth?	yrsmosc
2. FULL NAME_S	ster /	1ary 79	off Schni	rett gen	
(a) Residence: No	Viffa M			St., Ward.	
		(Usual place			give city or town and State
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE	OF DEATH
s. SEX 4. COLOR	OR RACE	5. SINGLE, MAR	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	1.0
ternale Wh	ife	Sin		Sept. (Month)	(Day) (Year)
a. If married, widowed, or divorce	ed		1		
HUSBAND of (or) WIFE of				22. I HEREBY CERTIF	Y. That I attended deceased from
		1 /			Sept. 20 , 199;
DATE OF BIRTH (month, day,		1	1855	I last saw h. 12 alive on Sept. 19	
AGE Years	Months	Days	If LESS then  1 day,hrs.	to have occurred on the data stated above, et 9,45	
81	11	14	ormin.	Tha PRINCIPAL CAUSE OF DEATH and related caus wera as follows:	es of importance
8. Trade, profession, or par	ticular	- 1	The state of the	Broucho Preus	sept Sept
kind of work done, as SPINNER, SAWYER, BODKKEFPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and					
9. Industry or business in work was done, as SI	which LK MILL.				
work was done, as SI SAW MILL, BANK, etc					
timo occupation (mont	h and	11. Total spe	time (yeers) ent in this		
yaar)		000	upation	Other Contributory Causes of importance:	
z. BIRTHPLACE (city or town)	Pitt.	Sourgh	Pa		
(State or country)					
13. NAME Sol	in A S	churetta	eu		
14. BIRTHPLACE (city or tow		0.	1111	Neme of operation	Date of
(State or country)	")	- wee men-ue	ary	What test confirmed diagnosis?	
15. MAIDEN NAME M	any J	7011	Pol 1		
	e.	Sephen	ua_	23. If deeth was due to externel causes (VIDL ENCE) fi	
16. BIRTHPLACE (city or tow (State or country)	n)	suany		Accident, suicide, or homicide?	Deta of injury, 19
	,	~ 0		Where did injury occur? (Specify city or	town, county and State)
7. INFORMANTSX	1ax-4	Liara	1 00 31 7	Spacify whether Injury occurred in INDUSTRY, In Ho	ME, or In PUBLIC PLACE.
(Address)	MDVAL	More	el eliff und		
8. BURIAL, CREMATION, DR RE Notch Cl	iff	Ser Ser	t "22nd 37	Manner of injury	
Flace		vare		Nature of injury	
9. UNDERTAKER Geo.	M. Fink	& Son		24. Was disease or injury In any way related to occup	ation of deceased?
(Address) 8	11 N. W	olfe St		If so, specify	
0. FILED 2//37 /19	11/11	1 Wik	Honn	(Signed) All Here	ut) M
In THE Description of the form of the	JAN VI	fan- 6- hef	Registrar,	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Examples:	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis OCT 4 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		,	=2 =2  0	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

of infor-

of OCCUPA.

statement

properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9719
County Ballimore	Registration Dist. No. 43
Village or City First Posts	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurred yrs	ds. How long in U.S. If of foraign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note of Divorced or divorced or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attandad deceased from  Jewer A. 1957, to Sept Set 1937.  Wast saw h aliva on Sept 71th 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, et. 7 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Data of onset
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Chiorie Ingocardetes 1976
H	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) — Alasa and (State or country)	more de la langella Ilian
13. NAME	for the state of t
	Neme of operation
15. MAIOEN NAME	23. if death was dua to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT John Frans (Addrass) Relan Rd Fallula M	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sankswood Cempate Sept 1/, 1997	Mannar of injury
19. UNDERTAKER FROM Selan Rob.	24. Was disease or injury in any way related to occupation of decaasad?

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1 00.7 5	July 5,1927	Peritonitis	3 doys ago	
BUREAU Y. S.	4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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PHYSICIANS should state RD. Every item of infor-

> stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

B.—WRITE PLA

certificate.

See instructions on back of

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PL	LACE OF D	EATH			95-8)			
C	buntyBal:	timore			Registration Dist. No. 3-0	1		
V	'illage or City_	Spring Grov	e Hospita	1, Catonsy	111 No. Md. St., I death occurred in a horpital or institution, give its NAME instead of street and n5ds. How long In U.S. if of foreign birth?	Ward umber)		
2. FI	ILL NAME	Annie D S	ni th	1 10	If U. S. Veteran, specify WAR			
		No. Brooklyn	7	lan Hell of abode)	St. a. a. Ward.  If nonresident give city or town and			
F	PERSONAL	AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		21. DATE OF DEATH  September 24 193 7 (Month) (Day) (Yaar)					
HUS	priad, widowed, o SBAND of WIFE of	r divorcad Joseph Smi	th		22. I HEREBY CERTIFY, That I attended of Aug. 20 19.31 to Sept. 24			
6 DATE	OF BIRTH (mont	th day and year)	Unknown		I last saw h.er alive on Sept. 24 1937			
7. AGE	Yaars 81?	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at LO. 55 An.M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
z 8. 1	Trade, profession,	or particular				Date of onset		
E .	kind of work done, as SPINNER, Houswife SAWYER, BOOKKEEPER, atc.  9 Industry or business in which				Senility Before	1931		
A X	work was don	e, as SILK MILL, ANK, etc	Wm Home		Generalized Arteriosclerosis "	3.073		
OCCUPATION 10.	Date daceased las	st worked at	11. Total t	tima (yaars) nt in this Life upation Life	Arteriosclerotic Heart Disease	1931.		
		town)Unknow			Othar Cautributary Causes of importance:			
≥ 13. N	NAME IIn	known						
14. E	BIRTHPLACE (city	or town) Inkn	own		Neme of operation None Date of  What test confirmed diagnosis? Clin, Anatomi Walners an a			
₩ 15. N	MAIDEN NAME	Unknown			23. If daath was due to extarnal causes (VIOLENCE) fill in also the following			
15. M	BIRTHPLACE (city	or town)	known	*****	Accident, suicide, or homicide?			
17. INFO	(State or coup RMANT	lmy &	hom	Don't	Where did injury occur?	ACE.		
18. BURI	AL, CREMATION,	OR REMOVAL		27	Manner of InjuryNone			
P	lace spring	19 Trous	Dete 9	- / 1937	Nature of Injury			
	ERTAKER ALL (Address)	sing &	rovelle	My refels	24. Was diseasa or injury In any wey related to occupation of decaased? No.	0		
20. FILE	9-27	,1937	lefu	gelriese ty Registrar.	(Signed slus ) Melliller.	M. D.		
		If more	blanks are needed,	address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Calous	rette. M.		

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	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis OCT 2 1937		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
	A CONTRACTOR OF THE PARTY OF TH				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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Exact statement

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CAUSE OF DEATH in plain terms, so that it may

# STATE OF MARYLAND-CERTIFICATE OF DEATH

0	My	9	1
J	6	4	1

1	. PLACE OF						(31)		7 11	
	County	Balt	imore					Registration Dist. No	30	
	Village or Ci	ityH	ebbville			No	Rolling	Road	St.,	Ward
								r institution, give its NAME instead of .S. If of foreign birth?	of street and nu	
2					mith olling Road			eran, specify WAR		•••••
	(a) Resident	LE. NO		(Usual place			traiu.	If nonresident give city	or town and S	tate
Mark Service	PERSON	AL AND	STATISTIC	CAL PARTI	CULARS		MEDICA	L CERTIFICATE OF	EATH	
3. 8	Male	4. COLOR	or race	OR DIVORCE	RIED, WIDOWED, D (write the word) OWed	21. DAT	E OF DEA	ptember 23rd		193_7
5a.	If marriad, widow			WIC	lowed			(Month) (Da	y)	(Teal)
	HUSBAND of (or) WIFE of		ouisa Sm	nith		22.	Lex HERI	EBY CERTIFY, That	Lattanded de	19.3
6 1	DATE OF BIRTH (	month day a	and year) De	ecember 2	26. 1867	I last saw	h in alive	on Sex 22	19.32	daath is sald
-	AGE Year		Months	Days	If LESS than	to have oc	curred on the da	te steted above, et 8.15 Am.		
		69	7	27	1 day,hrs.	The PRING	CIPAL CAUSE OF	F DEATH and ralated causes of Imp	ortanca	
	Trade projec		icular	1 21	ormin.	ware as fo	oilows:			Date of onset
Trade, profession, or particular kind of work done, as SPINNER, Storekeeper SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date decasasal last worked at this occupation (month and sent in this securation than the securation of the se					er	-	Drt.	felerases		1927
C	SAW MIL	L, BANK, etc		Grocery		-				
0	10. Date decaase this occupyaar)	nd last worke pation (month Janua	h and	spa spa	ime (years) nt in this upation25VPS					
				inone			tributory Causes	ol Importance:		
12.	BIRTHPLACE (cit		Ma	imore ryland		-			,	1971
œ			Ir. Smith				susp	ne Megana	La	1936
HE	13. NAME	TAI	II. OHI GI.	ı			•••••			
FATHER	14. BIRTHPLACE		n)	ted Stat		Name of operation				4-
-	(State or	country)			,65	What test confirmed diagnosis? Classica Was there an aulopsy? / X C				lopsy? / YO
HEF	15. MAIDEN NA	ME	Ur	ıknown		23. If death	was due to exte	rnal causes (VIOLENCE) fill in elso	the following:	
MOTHER	16. BIRTHPLACE (State or	(city or town	n)Unit	ted State	es	Accident, suicide, or homicide? Date of Injury, 19				
17.	INFORMANT M	rs F	orence V	7. Bolte	<u> </u>	Specify w	hether Injury occ	(Specify city or town, co urred In INDUSTRY, In HOME, or I		
(Address) Hebby/lle, Md.  18. BURIAL, CREMATION, OF REMOVAL  Place Druid Ridge Cems Date Sept. 25, 19 37						7				
19.	UNDERTAKER (Address)	100	2011 3 W. Bal	timore 8	1	-11	seasa or injury in	any wey related to occupation of o	decaased?	no
20.	FILED 9/	24.,19	1	00	Registrar.	(Sign		Assertown & Wall Pikesville, Md.	ker Ave	
T			If more	blaner are needed,	address Style Registrar,	, 2411 N. Cha		nore, Requesting U. S. No. 1.		

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephralis 2 V E	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
OCT 2 1837				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9722
1. PLACE OF DEATH	9:0
County Ballemore	Registration Dist. No. 42
Village or City Halethorke	NoSt.,Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jorgo Landrier Smith	It U.S. Veteran specify WAR
(a) Residence: No. 284 Magnolia av (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of Corn HEE of Corn HEE of	22. HEREBY CERTIFY, That Lattendad deceased from 1934, to February 1937
6. DATE OF BIRTH (month, day, and year) 20 185-9 7. AGE Years Months Days If LESS than	I last saw hear alive on Sept. 11, 1937; death Is said to have occurred on the data stated above, 41. 6.22 m.
78 1 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trada, profession, or particular	Coronary Thrombres 9/12/
SAWYER, BOOKKEEPER, etc.	Cha Mystandition
Andustry or business in which work was done, as SILK MILL,	metrol chroffing 1934
3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and yaar) spent in this occupation 50 y	
12. BIRTHPLACE (city or town) Bangon	Other Contributory Causes of importance:
(State or country)	So 74 1910
13. NAME James Tolofind Swith	7930
14. BIRTHPLACE (city or town) Ehrogland	Name of operation Data of
(State of country)	What tast confirmed diagnosis? Heart Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town). Yarmouth  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) farmouth	Accident, suicide, or homicida?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Aux Rolf W. South & Address man Halltonke mo	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ferranie Date Light 14 , 1937	Natura of injury
19. UNDERTAKER Franks H. Newrel (Address) pikesville Jud.	24. Was diseasa or Injury in any way related to occupation of daceased?
20. FILED Seft 12, 1937 Steffer Cregistrar.	(Signed) A.D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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10.—The month and year the deceased last worked at the occupation.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 4 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU VISC			gu
{ l-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

PHYSICIANS should state

of OCCUPA-

Exact statement

TION is very important. See instructions on back of certificate.

	Me Frank Virgiti
STATE OF MARYLAND—	
1. PLACE OF DEATH	SERTITION TE OF BEATTY 3740
B DA'	23
County Lalling	Registration Dist. No.
Village or City Wundste	No. 88 1 manife Mosta & Ward
	death occurred in a hospital or institution, give its NAME instead of street and humber) ds. How long In U.S. if of foreign birth?yrsmosds.
( Oc 2011 / 1 / h. 0	
2. FULL NAME SOUTH W. STEAM	Alu If U. S. Veteran, specify WAR.
(a) Residence: No. 8 0 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACEA 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH. / /
OR DIVORCED (write the word)	Sept 1 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of	22. J HEREBY CERTIFY That   attended deceased from
or Wife of Mary speaker	July 2 ,1932, to Sept ( ,193)
6. DATE OF BIRTH (month, day, and year)	I lasteaw h 5 alive on Sept 1 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:50 p.m.
444 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or particular	Chronic Pulmovary TB Oats of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked et this occupation (month and	TB Preumont. 4 who
9. Industry or business in which work was done, as SILK MILL,	Pleunes with Effusion 2 who
SAW MILL, BANK, etc.	Percential officer 3 das.
	ante myvespletio 3 das.
occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Descheater (2)	
(State or country)	
13. NAME Webster Speedere 14. BIRTHPLACE (city or town) Larchester Cq	
14. BIRTHPLACE (city or town) Lachestin Co	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? Lo
15. MAIDEN NAME Lydia Twitte  16. BIRTHPLACE (city or town) Dorchestey Co  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Dorchester Co	Accident, suicide, or homicide? Date of injury19
E (State or country), md	Where did Injury occur?
17. INFORMANT Mayoskelden	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) X & Kindly WRd Dung Rel	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Oal lawn Cem Date 9/4 1937	Nature of Injury
11/000 cont	24. Was disease or injury in any way related to occupation of deceased? 200
19. UNDERTAKER COLLECTION (Address) /2/70f=Paul al	If so, specify
Ol- Charles	(Signed) Frank & Virgilio M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) \_\_\_\_\_

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis C C	3 days ago
		7 0 3	
	74	15 7 7	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		100	

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Chronic interstitial nephritis 1 2 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURLAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

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7. AGE

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Years

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address)

(State or country)

(State or country)

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign blrth?\_\_\_\_\_ (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR OR DIVORCED (write the word) (Month) (Day) 5e. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUSEAU	71			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE !	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH  County Registration Dist. No. 4  Village or City No. 1  Length of residenca in city or town where daath occurred yrs. 1  Length of residence: No. 1  Length of residence in city or town where daath occurred yrs. 1  Mos. 1  Length of residence in city or town where daath occurred yrs. 1  Mos. 1  Length of residence in city or town where daath occurred yrs. 1  Length of residence in city or town where daath occurred yrs. 1  Length of residence in city or town where daath occurred yrs. 1  Length of residence in city or town where daath occurred yrs. 1  Length of residence in city or town where daath occurred yrs. 1  Length of residence in city or town where daath occurred yrs. 1  Length of residence in city or town where daath occurred yrs. 1  Length of residence in city or town where daath occurred yrs. 1  Length of residence in city or town where daath occurred in a horpital or institution, give its NAME instead of street and nur  Length of residence in city or town where daath occurred in a horpital or institution, give its NAME instead of street and nur  Length of residence in city or town where daath occurred in a horpital or institution, give its NAME instead of street and nur  Length of residence in city or town where daath occurred in a horpital or institution, give its NAME instead of street and nur  Length of residence in city or town where daath occurred in a horpital or institution, give its NAME instead of street and nur  Length of residence in a horpital or institution, give its NAME instead of street and nur  Length of residence in a horpital or institution, give its NAME instead of street and nur  Length of residence in a horpital or institution, give its NAME instead of street and nur  Length of residence in a horpital or institution, give its NAME instead of street and nur  Length of residence in a horpital or ins	ate
Village or City  No.  (If death occurred in a hospital or institution, give its NAME instead of street and nur Length of residence in city or town where death occurred yrs.  (If death occurred in a hospital or institution, give its NAME instead of street and nur Length of residence in city or town where death occurred yrs.  (a) Residence: No.  (but place of abode)  PERSONAL AND STATISTICAL PARTICULARS  St.,  Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (wrige tha word)  OR DIVORCED (wrige tha word)  (Month)  (Day)	ate
(If death occurred in a hospital or institution, give its NAME instead of street and nur Length of residence in city or town where death occurred yrs	ate
Length of residence in city or town where death occurred yrs	ate
(a) Residence: No. July House of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write tha word)  PARTICULARS  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  Month)  (Month) (Day)	193. 7 (Yaar)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write tha word)  PARTICULARS  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  PARTICULARS  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Month)  (Day)	193. 7 (Yaar)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE OR DIVORCED (runite tha word)  A COLOR OR MACE OR DIVORCED (runite tha word)  A COLOR OR MACE OR DIVORCED (runite tha word)  A COLOR OR MACE OR DIVORCED (runite tha word)  A COLOR OR MACE OR DIVORCED (runite tha word)  A COLOR OR MACE OR DIVORCED (runite tha word)	193. 7 (Yaar)
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  This formula (Month)  (Month)  (Day)	93 7 (Yaar)
male While OR DIVORCED (write the word) September 2/ of (Month) (Day)	93 (Yaar)
/ (100)/	(Yaar)
val tr morros, mashes, or divolced	ceased from
HUSBAND of (or) WIFE of Gillia R. Stansbury 22. I HEREBY CERTIFY, That I attended do	1937
2 115 1255	daath is sald
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at3 : 70 Pm.	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
R Thide profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Any SAWYER, BOOKKEEPER, etc.	1924
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1122
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data dacaasad last workad at this occupation (month and year)  year)  11. Total time (years)  spentin this occupation  4	1924
Other Contributory Causes of importance:	A/10/2:
(Stata or country)	Z-f-18-f-2,
13. NAME Onnes Stone bone	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Name of operation  Date of	2
What tast confirmed diagnosis! - Was there an auti	opsy?
Z. Il dadii wes due to akiai nai causes (VIOL ERGE) illi ill also tine fullowing:	
O 16. BIRTHPLACE (city or town) — Date of Injury — Date o	, 19
(Specify city or town, county and State)  17. INFORMANT Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Addrass)	E.
18. BURIAL, CREMATION, OR REMOVAL  Place String of Date Japa 93, 1937  Nature of Injury  Nature of Injury	
19. UNDERTAKER 6 L H Toforing 24. Was disease or injury In any way ralated to occupation of daceased?	2-
20. FILED Sept 21, 19.3) Ses Milieffer (Signad) (Signad) (Address) Policy (Address)	M. D.

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Cerebral hemorrhage OCT 4 1931	July 5,1927	Peritonitis	3 days aga
BEREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

AD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. PHYSICIANS KLY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be

-WRITE

V. S. No. 1

TION is very important. See instructions on back of certificate.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	93-0		
County Baltinore	Registration Dist. No.		
Village or City Rockswan Beach	No. St Ward		
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of rasidence in city or town whare daath occurredyrs,mos.	ds. How long in U.S. if of foraign birth?yrsmosds.		
2. FULL NAME Muchael & Sta	If U. S. Veteran, specify WAR		
(a) Residence: No. Rockary 13.	St., Ward.		
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
male white an arred	Lept 8 193 7		
5a. If marriad, widowed, or divorcad	(Month) (Day) (Year)		
HUSBAND of Eva Stakes	22.   I HEREBY CERTIFY That I attended dacaasad from		
1 1/20 15-25/	19 1, 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19		
6. DATE OF BIRTH (month, day, and year) Sept 29 - 1878 7. AGE Yaars Months Days If LESS than	I last saw h		
1 day,hrs.	to have occurred on the data stated above, at		
7 ormin.	were as follows:		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Icute williag Nilabolion 9/8/37		
9. Industry or business in which work was done, as SILK MILL,			
SAW MILL, BANK, etc.			
yaar) occupation occupation	Other Contributory Causes of Importanca:		
t2. BIRTHPLACE (city or town) (State or country)	All		
	( ) and ( ) My earlier		
E 4			
[ I4. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of Was there an au opsy?		
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicide, or homicide? Date of injury 19		
Stata or country)	Where did injury occur?		
17. INFORMANT Eva Stocks	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address)			
18. BURIAL, CREMATION, OB. REMOVAL	Mannar of Injury		
Place IT Manustans Data 9/11, 1937	Nature of Injury		
19. UNDERTAKER Jam S. Cennelly	24. Was disaasa or Injury In any way related to occupation of decaased?		
(Address / Chesen made)	If so, specify		
20. FILED 9/10 100) Jahn & Connelly	(Signad) for suffer T. Money M. D.		
Registrar	(M'dress)		

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 007 5 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

County	Baltimore			Registration Dist. No.
Village or Cit	y Catonsvi	lle		No. Spring Grove State Hosp. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resid	ence in city or town where	daath occurred	4 vrs 8 mos	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosd
	E Walter Sv			If U. S. Veteran, specify WAR
				St., Ward.
(a) Residence	ltimore, Md.	(Usual place	of abode)	If nonresident give city or town and State
	L AND STATIST			MEDICAL CERTIFICATE OF DEATH
male	4. COLOR OR RACE white	OR DIVORCE	RRIED, WIDOWED, ED (write tha word) ngle	21. DATE OF DEATH September 21 ,193.37 (Month) (Day) (Year)
n. If marriad, widowa HUSBAND of	d, or divorcad			22.   HEREBY CERTIFY. That I attended deceased from
(or) WIFE of				December 21 ,19 32 ,to Sept 21 ,19 3
. DATE OF BIRTH (n	nonth, day, and year)	ecember :	12, 1915	I last saw h_im_ aliva on_ Sept. 20, 19_3.7; death is sa
. AGE Yaars		Days	If LESS than	to have occurred on the data stated above, at 4:45 9m.M.
21	8	9	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:
8. Trada, profass kind of wo	ion, or perticular ork dona, as SPINNER, BOOKKEEPER, atc	none		
SAWYER, I	usiness in which	t)	**	Past-encephalitic Parkinsonian defore
	dona, as SiLK MILL, , BANK, atc			Broncho-pneumonia Sept.193
10. Date deceased this occupa	l last workad at attition (month end non	end	time (yaars) ent in this	The state of the s
			upetionnone	Other Contributory Causes of Importance:
2. BIRTHPLACE (city (Stata or count	or town)Mary	land		
1	Patrick Swee	nev		
	city or town) Ire	-		Name of operation none Date of
(Stata or c				What test confirmed diagnosis? Clinical Was there an autopsy?
15. MAIDEN NAM	E Loretta W	elsh		23. If daath was due to axternal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAM		timore, N	ld.	Accident, sulcide, or homicide?
1 (State of t				Where did injury occur?(Specify city or town, county and State)
./. INFORMANT	Hospital rec	ords		Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)  8. BURIAL, CREMATI	ON REMOVAL	,	,	Manner of Injury
Plece Cat	hechal Co	Data De	24,19.37	
9. UNDERTAKER	hu all	ch d.	Sons	24. Was disease or injury In any way ralated to occupetion of daceased? NO
9, UNDERTAKER /	008 Och	ease of	+	If so, specify
20. FILED. 9/2-/-	19 74	18her	elua	(Signad) John J Junial M.
14/	7		Registrar.	(Address) Patriculle wa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer; mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		1 20/		

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	-
	( 43 /g 27 /	1
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
_		

V. S. No. 1

STATE OF MAR	RYLAND-	CERTIFICATE OF DEATH	29
1. PLACE OF DEATH		8	
County Baltimore	· Aller	New Battle School Pration Dist. No.	-
Village or City Sparrowo PY. (a	utside)	No. RIO BOX 703 A. St.,	Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number	1)
Length of residence in city or town where death occurred	yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME & aruck /	alson.	If U. S. Veteran, specify WAR	
(a) Residence: No. Sauce as a	bove.	St., Ward.	
(Usual plac	9	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PART  3. SEX 4. COLOR OR RACE 5. SINGLE, MA		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
	RRIED, WIDOWED,	(Mgmth) (Day) (193	Year)
5a. If married, widowed, or divorced HUSBAND of		22.   HEREBY CERTIFY, That   attended decea	sad from
(or) WIFE of		Sept. 2 1037 10 Sept. 2	19.3
6. DATE OF BIRTH (month, day, and year) Sept. 2	. 1937.	1 last saw h Luc alor on Sept. 2, 1937; dea	th Is said
7. AGE Years Months / Days	If LESS than	to have occurred on the date stated above, etm.	
Still born !	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular		I tellborn - on above date	of onset
kind of work done, as SPINNER. SAWYER, BDOKKEEPER, etc		ow so any . 2. 1937.	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked et  11. Total		following la numar acci	Lew
SAW MILL, BANK, etc	time (years)	I tripping over rug; foetal	4
O this occupation (month and sp	pent in this	see knew clased ta	coo
Sharran	PX	Dther Contributory Causes of Importance: foetal keart	
12. BIRTHPLACE (city or town) (State or country)	mid.	<i> </i>	
	alson.		
Barren Bu	Mr. Co	Named angeling Moul Sale of	
14. BIRTHPLACE (city or town)	nd.	Name of operation Date of What test confirmed diagnosis? EXAM Was there an autops	22
I 15. MAIDEN NAME COTTERINE Elis ch	eth Carner	23. If death was due to external causes (VIDL ENCE) fill In also tha following:	y:
	nkan	Accident, suicide, or homicide? Assorbably Data of injury Aug 2	1937
16. BIRTHPLACE (city or town) (State or country)	D.C.	Where did Injury occur? Abanhows P4. One	1.
17 INFORMANT Jacot. Front Tol	Eson.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) as alone		In home.	
18. BURIAL, CREMATION, DR REMOVAL	(x. 2 193)	Manner of Injury trapped over rug.	
Place Arwall Date	, 19 7 / .	Nature of injury	
19. UNDERTAKER Father to take c	are of	24. Was disease or injury in any way related to occupation of deceasod? 24	2.
(Addjess) burial		If so, specify	
20. FILEO LAP. 2 1, 1937 4. 1 1 1. Cfm	mick h.	(Signed) Jours M. Malfin	M. I
	Registrar.	(Address) Sparrows Vt. mo	=
If more blanks are needed,	, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
	OI AUE PUR	L. C. L. T. L. T. T. T. T.	O I LY I I I I I I I I I I I I I I I I I	42.1	THE STORAGE

N. B.—Every item of information should be carefully supplied. ACE-should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD MARGIN RESERVED FOR BINDING ITH UNFADING INK-THIS IS A PERMANI AINLY. WRITE

S No. 1 >

PLACE OF DEATH  County 3	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Tonson RFD (No. Old 2FULL NAME UT Upwed	Registration Dist, No. 38    Ward   (If death occurred in a hospital or institution, give Its NAME I) - stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temule White Single, Married, Wildowed. Son Divorced (Write the word)	16 DATE OF DEATH 5 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192 to ,192 , that I last saw h & alive on ,192 ,
7 AGE [If LESS than	
I dayhrs.	and that death occurred on the date stated above, at
yrsmosds. ormin.?	Premature Deliver
(a) Trade, profession or particular kind of work	found dead
(b) General nature of industry	3
which employed or (employer) Uoul	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Ust Grunny M	Contributory Secondary  (Duration) yrs. mosds.
10 NAME OF FATHER	(Signed) I Halle Alley Gours M. D.
11 BIRTHPLACE	192 (Address) Sa TC Kley will
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea h?
(Informant) Corry alley	Former or usual residence
//	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Colleyville	Alland Home Sept 6. 1932
Filed 9/6 19037 a.M. Bacow Registra	Louis Son Town
If more b.anks are needed, addre.s Ltate Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specimeation as any laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been charged work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to c.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed

If this certificate is looked over thoroughly and all questions as wered in detail, it will prevent further correspondence. All the tails is essential and must be obtained before the certificate is

"E haustion," "Heart failure," "Iaemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Recommendations on statement of cause of death carbolic acid - probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

STATE (	OF I	MADVI	AND-	CERTIFI	CATE	OF	DEATH
SIAIL	JF I	MARIL	ANU	CERTIFI	CAIL	OF	DEATH

	1	pay	13	4
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- 0	J	- 6	0	1

1.	PLACE OF DEATH	4		(Re)		
County Baltimore				Registration Dist. No. 44		
	Village or City Easer			No. St., Ward		
	Length of residence in city or town where	doath accura		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?		
	7	death occurre	yrs,			
2.	FULL NAME Um	ienn	m Man	If U. S. Veteran, specify WAR		
	(a) Residence: No.	(Usua	I place of abode)	St., Ward.  If nonresident give city or town and State		
	PERSONAL AND STATIST	TICAL PA	ARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)				21. DATE OF DEATH (Month) (Day) (Year)		
H	married, widowed, or divorced HUSBAND of (or) WIFE of	lenor.	ne	22. I HEREBY CERTIFY, That I attended deceased from		
6. DA	TE OF BIRTH (month, day, and year)	2		1   1   1   1   1   1   1   1   1   1		
7. AGE	E Years Months	Day	4.1	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:		
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		T OTIIIII.	Unknown, as to whether or not a boat		
UPAT	9 Hidustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.			accidental fibrances in		
200	O. Date deceased last worked et this occupation (month and year)	11.	Total time (years) spant in this occupation	page paul		
12. BI	RTHPLACE (city or town) (State or country)	lens	ni	Other Coutributory Causes of importance:  This man was found in the water; and had been in the water for about ten doger		
	3. NAME	0.9		was san san say water for warris san wager		
FATH 14	4. BIRTHPLACE (city or town)(State or country)	,,,		Name of operation Date of Whet test confirmed diagnosis? Was there an au opsy?		
M 1!	5. MAIDEN NAME			23. If death was due to external causes (VIOLENCE) fill in elso the following:		
H IOW	6. BIRTHPLACE (city or town)  (State or country)	• ,		Accident, suicide, or homicide? Accident. Date of Injury		
17. IN	FORMANT(Address)	",		Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  was found in the water.		
18. BU	PIACE TO THE TENANT OF REMOVAL	24d Date	9/17 1937	Manner of injury Gasidental drownings		
19. UN	NDERTAKER Jalm G. Us (Address) Basel	mel	ly.	24. Wes diseese or injury in any wey related to occupation of deceased?  If so, specify		
20. FI	LED 9/15 , 19-37 Jet	m b	Temuelle Region.	(Signed) Joseph F. Domeny Corona.		
	If mor	e blanks are n	eeded, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 near

	956
	Registration Dist. No. 30
vi	Inde, Md. St., Ward
- /	h occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?_45 yrs mos ds
	If U. S. Veteran, specify WAR
e.	
;	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
21	. DATE OF DEATH
4	Spetember 23rd 193 7
10	(Month) (Day) (Year)
22.	I HEREBY CERTIFY, That I attended deceased from
	fanuary 22 ,1932 to Spetember 23 ,19 37
	last saw h_eralive on_Saptember_2319.37_; death is sai
	heve occurred on the date steted ebove, et _6:50 pm.
2	he PRINCIPAL CAUSE OF DEATH and releted causes of importance
W	ere es follows: Date of onset
2	Generalized arteriosclerosis before 1932
	rteriosclerotic heart disease " "
1	langrene of right foot Sep. 12 193
	(Arterioscleration)
	ther Contributary Causes of Importance;
	Senility before 1932
1	Service Control of the Control of th
	Wone
	eme of operation None Date of
W	hat test confirmed diagnosis?_Clinical Was there an au'opsy?
23.	If death was due to external causes (VIOL ENCE) fill in also the following:
A	ccident, suicide, or homicide?NO Date of Injury, 19
W	/here did injury occur?
S	(Specify city or town, county and State) pecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	None
	77
	lanner of Injury
·N	eture of Injury
24	. Was disease or Injury In any way releted to occupation of deceased? No.
	so, specify O
11	
1	(Signed) (signed) M. I

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Chronic interstitual nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance;	100000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING FOR RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH item of should Balla County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS Length of residence in city or town where death occurred\_\_ How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds. statement RECORD. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CTL many (Month) classified. 5a. If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of .... 19...... to..... 1 certificate. 6. DATE OF BIRTH (month, dey, and year) properly 7. AGE Months If LESS than to have occurred on the date stated above, at ... 1 day .\_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER, THIS OCCUPATION SAWYER, BOOKKEEPER, etc .... may 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total time (years) on this occupation (month end ? spant in this that occupation ... instructions 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms. FATHER 13. NAME 14. BIRTHPLACE (city or Yown) Name of operation. (State or country) carefully What test confirmed diegnosis? ...! Wes there an au'opsy?\_ ..... MOTHER 15. MAIDEN NAME important. 23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19. DEATH 16. BIRTHPLACE (city or town) (Stete or country) should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL CREMATION OR REMOVAL Manner of injury CAUSE mation LION 24. Was disease or injury in any way related to occupation of deceased? ... Mc 19. UNOERTAKER If so, specify (Address) ... (- Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Nov 2 1937			
Other contributory causes of importance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TENTO TO TATELLE	NA ZAVEZ Z	A. (/10	T CHETTINE	CATATATATATA	10 1	TITTOTOTITI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9734
1. PLACE OF DEATH	108
County Dallinia	Registration Dist. No.
Village or City Dames Joint	7/50 St Ward
Length of residence in city or town where deeth occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  How long in U.S. if of foreign birth?
2. FULL NAME Tene to has on!	while
(a) Residence: No. 715 35X	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended defeated from
D 1000	Sept 5 1930] 19 Dell 27 11037
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	l last saw h alive on 1937, 1937, death is said
Less than 1 day, hrs. or min.	to have occurred on the date stated above, at
8 Trade profession or posticular	were as follows: Date of oheat 95/3-7.
NO I Talde, professing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc  10. Date deceased lest worked at this concusting (mock and the concusting (mock) and the concusion (mock) and the concusting (mock) and the concusting (mock) and the concusting (mock) and the concusting (mock) and the concusion (mock) and the concusting (mock) and the concusting (mock) and the concusting (mock) and the concusting (mock) and the concusion (mock) and the concusting (mock) and the concusion (m	
10. Date deceased lest worked at this occupation (morth and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importence:
13. NAME Curson Vives	
13. NAME ( 14. BIRTHPLACE (city or town)	Name of operation.
(State of country)	What test confirmed diegnosis? Was there an autopsy? W
# 15. MAIDEN NAME Velleca Jowkis	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Club or town)  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of injury, 19
Q. 1 - 9511	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Collin Date 959 19.3.7	Manner of injury
Place Discourse Date 1927 1927	Nature of injury
19. UNDERTAKEN (Address) 638 Hb. Bilanca	24. Was disease or injury in eny way related to occupation of deceased?
20. FIXE pt 28, 1977 G. FAV. Jamies M. Registrar	(Signed) (Signed) (M.O.
	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2001 00	087		
Other contributory causes of imfortance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
2			

	1
0. 1	,
. No.	1
S. Si	1
>	1

4 te 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH 9735
stat UPA	1. PLACE OF DEATH	(20:7)
onld occ	Count Jackimore	Registration Dist. No. 138.40
shor of 0	Village or Cithear Towson on was	to Union homores Hospit Ward
t o	Length of residence In city or town where death occurred 15 yrs most	death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
Sver IAN men	2. FULL NAME C. Helen William	If U. S. Veteran, specify WAR
RD. I YSIC state	(a) Residence: No.404 Virginia av	Z St. Ward. A
	sual place of abode	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
K. K. E.	3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH Select. 8th 1937
EN F	5a. If married, widowed, or sworced	(Mojth) (Day) ((ear)
A C assification	(or) WIFE of Fred T. Williams	22. I HEREBY CERTIFY, That I attended deceased from 19
SNO	6. DATE OF BIRTH (month, dey, and year) May 11th 1913	I last saw h elive on death is said
N P ed erly	7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, et 9.30 m.
IS A PE stated E properly certificate.	24 3 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
be sof co	8 rade, profession, or particular kind of work done, es SPINNER, tome work	Jumping from an automobile
justice;	9. Industry or business In which Domesky agree	white the maken resulting
K-T hould may back	work was done, as SILK MILL, are private home	me book Belowed by desta
IN E sl	10. Date deceased est worked at this occupation most land 19. Total time (yeers) spant in this	on way to the hospital
AG AG ons	year) occupation	Other Contributory Quies of Importance: The Carylyns
L. So ucti	12. BIRTHPLACE (city or town)	appointed vylanilla K. 9/c
NFADING pplied. AGI erms, so tha instructions	W 13. NAME Chomas W. Gardner	10 10 00 0 000 Jester 1932
	14. BIRTHPLACE (city or town) & fig. a. fa.	Name of operation Date of
rH Uly surlain t	(State or country) Backmare Co. Me	Whet test confirmed diagnosis? Was there an autopsyllos
WI ful n p	15. MAIOEN NAME Attie Powell Fard 16. BIRTHPLACE (city or town) Sparks	Position was due to external causes (VIOLENCE) fill in elso the following:
NLY, W be carefu EATH in important		Accident, suicide, or homicide? 3 404 thate of injury 9 6, 19 37
ld be DEAT y imp	(State or country) partitioned - 1/9	Where did injury of the County and State)
	17. INFORMING MAD W. HOLANDE (Address) 404 Auranua aut. Hou	Concily whether injury occurred if INDUSTRY, In HOME, or In PUBLIC PLACE.
Should OF D	18 BURIAL CREMATION, OR REMOVAL & Cemetery	Manner of Injury Hit an Keed Jumper him
E B B is A	at Pleck Banks . M. Dale Sept 1 1. 19.3.	Neture of injury Latural Blace Nican
WRIT mation CAUSI TION	19, UNDERTAKER Syron of manie wrig	Was disease or figury In any way releted to occupation of deceesed?
E OF	(Address) 2-18 Mc Ellery St	If so, specific for the form of the form o
7(1)	20. FILED Lept 10, 15 The Carrier of the From	(Signed:
A	Deuty h Cal Registry.	(Address)
	If more players are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage OCT 8 1931	July 5,1927	Peritonitis	3 days ago
PEREAU V S. []			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Inquest held in Towson folice Surt Sept 9. 1937 at 8.30 decessed half a factured Spiel as lesuet
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Inquest held in Towson Jolice ( Just Selet 9, 1937 at 8.30
A + I sale at the
From Jenou of Doctor green and glasser
determed nation stockured shall as result
of describer a dramatical
of guraging fund and and
Norman H. angel. Coloner

# MARGIN RESERVED FOR BINDING

V. S. No. 1

ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important. N. B.—WRITE PLA

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
STATE OF	MARTLAND—CERTIFICATE	OL	DEALD

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Baltining	Registration Dist. No. 37
Village or City Confirmation	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Sparles (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Seg(Month)  (Day)  (Veer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Witte	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs.  ormin.  Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	I last sew h elive on
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Other Cantributary Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)  2. BIRTHPLACE (city or town)  (State or country)  2. BIRTHPLACE (city or town)  (State or country)  2. BIRTHPLACE (city or town)	
Ξ	Name of a sastion
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  19. UNDERTAKER (Addrass)  20. FILED SULPT 26. 1937 William J. Cont.	23. If death was due to external causes (VIQL ENCE) fill in also the following:  Accident, suicide, or homicide? Accident. Date of injury 1937.  Whara did Injury occur? Date (Specify city or town, county and State)  Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of Injury Stately (Netura of Injury In any way related to occupation of daceasad?  If so, specify (Signad) Total Communications of the specific occupation of daceasad?
Registrar.	(Address) Carleyonin lag

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	d -400 m	Example II	
The principal cause of death and related causes of importance were as follows: CEIVE	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis OCT 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1/ /					TEMENTS BY F		
Nad	Mr.	Wilmer	6 0	uson.	Coccusar	le rue	escanine
cadine		nature		ingele	a call	- de	ath below
(	1	- 1	0	7		7	7
Com	29	ouy.		-			
	1	•					

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

9737 STATE OF MARYLAND-CERTIFICATE OF DEATH

County Village or City Investment of the County of the Cou	1. PLACE OF DEATH	50
Length of residence in city or town where death occurred	County Baltingia	Registration Dist. No. 35
2. FULL NAME  (a) Residence: No. Fuel (Chailpilese of shock)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE  S. SINCLE, MARKREED, WIDOWED, OR DIVOKED COLOR in the word or DIVOKED Color the word or DIVOKED Color in the word or DIVOKED Color or DIVOKED Color in the word or DIVOKED Color OR DIVOKE		No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  L. COLOR OR RACE  OR DIVORED OR	2. FULL NAME Jennie C Wood	If U. S. Veteran, specify WAR
2. SEX		
4 POR DIVORCED (write the-word)  59. It married, vidowed, or divorced HUSBADO  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Treads, profession, or particular kind of work done, as SPININER, SAWER, BOOKKEPER, etc.  9. Industry or business in which was done, as SIK MILL, SAW MILL, BANK, etc.  10. Date Geoscale last worked at this occupation (month end of specific month)  11. Draw Geoscale last worked at this occupation (month end of specific month)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. Industry or business in which was done, as SIK MILL, SAW MILL, BANK, etc.  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURLAL, GREMAHON, OR REMOVAL  PIECE  19. DASAMANT  (Address)  19. DASAMANT  20. HELED  19. DASAMANT  (Address)  19. DASAMANT  20. HELED  19. DASAMANT  (Signed)  19. Month  19. (Signed)  19. Month  19. (Signed)  19. Month  19. (Month)		
HUSBAND of (cr) WIFE of D. Holmes Wood  5. DATE OF BIRTH (month, day, and year) Clay 5. / 868  7. AGE Years Months Days II LESS then I day, hrs. or min.  8. Trede, profession, or particular years of the profession, or particular years of the have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above of 5. / 76 109 / 1, deeth is said to have occurred on the date stated above occurred in the have occurred on the date stated above occurred on the date stated above occurred on the date stated above occurred on th	OR DIVORCED (write the word)	193 /
TAGE Years Months Days II LESS then the profession, or particular find of work done, as SPINKER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, etc.  10. Date decessed lest worked at spent in this occupation (month and year)  (Stete or country)  12. BIRTHPLACE (city or town).  (Stete or country)  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT.  (Address)  18. BURIAL, CREMAYON, OR REMOVAL  Place  Place  19. Dammad S. Marg.  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  11. day, his, or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance was of importance of the profit of the prof		22. SI HEREBY CERTIFY. That I stended deceased from
14 General Months Days II LESS then day,	6. DATE OF BIRTH (month, day, and year) Que 5: 1888	I last saw her alive on supplating 1991; deeth is said
8. Trede profession, or particular kind of work done, as SPINNER, SAWER, BOKKEPER, etc.  SAWER, BOKKEPER, etc.  9. Industry or business In which worked at this occupation (month end year)  10. Date decessed lest worked at this occupation (month end year)  12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMAYON, OR REMOVAL  Place  Place  Oate of enset  AUCULIONIE of Boyling  Auc	7. AGE Years Months Days II LESS then	to have occurred on the date stated above, etcm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Oate  Othe Coatribory Capes of Importance  Name of operation  Name of operation  Othe Coatribory Capes of Importance  Oatribory Capes of	8. Trade profession or particular	were no follows:
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Oate  Othe Coatribory Capes of Importance  Name of operation  Name of operation  Othe Coatribory Capes of Importance  Oatribory Capes of	SAWYER, BOOKKEEPER, etc	Laurania of Soft June
12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  20. FILED OCT  19. J Barrand S. Malber  Other Cestribulary Capters of Inflortance  Name of operation  Whet test confirmed diagnosis  Accident, suicide, or homicide?  Other Cestribulary Capters of Inflortance  Name of operation  Name of op		
13. NAME  14. BIRTHPLACE (city or town)	12. BIRTHPLACE (city or town) Cockeyper Cle	Other Contributory Capecs of Infortance of Afeart
Whet test confirmed diagnosis 2 What test confirmed diagnosis 2 What test confirmed diagnosis 2 What there an autopsy? 23. If death was due to externel causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide? Date of injury 19 Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  19. UNDERTAKER Was disease or injury in eny way releted to occupation of decessed?  (Address)  20. FILED Oct 1937 Bannerd S. Malley  (Signed)  Whet test confirmed diagnosis 2 Wastere an autopsy? 24. Was disease (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide? Date of injury where did Injury occurr?  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  24. Was disease or injury in eny way releted to occupation of decessed?  (Signed)  M. D. (Signed)  M. D. (Signed)	E 13. NAME Sission & Parles	Jung left brost
Where did Injury occur?  (Specify city or town, county and State)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Oate  Oct. 3, 19 37  Neture of Injury  (Address)  19. UNDERTAKER (Address)  24. Was disease or injury in eny way releted to groupation of decessed?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of Injury  (Address)  19. UNDERTAKER (Address)  (Signed)  (Signed)  (Signed)  M. D. (Signed)  M. D. (Signed)  M. D. (Signed)	(State of country)	7.
Where did Injury occur?  (Specify city or town, county and State)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Oate  Oct. 3, 19 37  Neture of Injury  (Address)  19. UNDERTAKER (Address)  24. Was disease or injury in eny way releted to groupation of decessed?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of Injury  (Address)  19. UNDERTAKER (Address)  (Signed)  (Signed)  (Signed)  M. D. (Signed)  M. D. (Signed)  M. D. (Signed)	15. MAIDEN NAME Energy James dec	
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  24. Was disease or injury in eny way releted to accupation of deceased?  24. Was disease or injury in eny way releted to accupation of deceased?  25. FILED Oct 1937 Banned S. Malle (Signed)  (Signed)  (Signed)  (Signed)	E (State or country)	Where did Injury occur?
Place Jersops Oate Oct. 3, 1937 Neture of Injury  19. UNDERTAKER Was C. Berton Sea 24. Was disease or injury in eny way releted to occupation of decessed? The (Address)  15 so, specify Oct Outline D. M. D. (Signed) C. (Signed) M. D. (Signed) M. D. M. D.		Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  1 Specific Male (Signed) Cole Down M. B.  (Signed) Cole Down M. B.	13- 10- 2 700	
20. FILED Oct 1 1937 Barner S. Male (Signed) & Cole Volume PM. B.		
A STATE OF THE PROPERTY OF THE	20. FILED Oct 1 1937 Bannuel S. Meller	(Signed) K. Cole Volume OM. B.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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BINDING FOR ARGIN RESERVED

V. S. No. 1

OCCUPA-1. PLACE OF DEATH TIMORE Jo plnods Registration Dist. No. item (If death occupied in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? \_\_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_\_ds. statement 2. FULL NAME If U. S. Veteran, specify WAR. (a) Residence: No. Ward If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGRE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 PERMANENT (Month) (Day) (Year) 5a. If married widowed, or divorced HUSBAND of CERTI Y. That, I attended decaased from (or) WIFE O 区 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Yeers Months Days If LESS than to have occurred on the date stated above, et. I day, ....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or ..... min. Date of onset 8. Trade, profession, or particular OCCUPATION THIS. kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc .... back may 9. Industry or business in which plnous work was done, es SILK MILL, SAW MILL, BANK, etc..... 11. Total time (yeers)
spant in this 10. Date deceased lest worked et this occupation (month and that occupetion \_\_\_ instructions UNFADING 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) carefully What tast confirmed diagnosis? .... Was there an autopsy? MOTHER important. 15. MAIDEN NAME in 23 If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (Stata or country) Whera did Injury occur?\_\_\_\_ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods 17. INFORMANT very OF (Address) 18. BURIAL CREMATION, OR REMOVAL Menner of injury 50 CAUSE mation TION 24. Was disease or injury in eny way related to occupation of decaased? 19. UNDERTAKER (Addrass) if so, specify 20. FILED Registrar. (Addrass)

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimole, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

W. Baltimore

(Address)

Ω.

STATE OF MARYLAND-CERTIFICATE OF DEATH

If so, specify

If more blanks are nocod, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 16

-Registrar.

(Attress)

Data of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

V. S. No. 1

19. UNDERTAKER

20. FILES

(Address)

of OCCUPA-

15	STATE O	F MARYLAND-	-CERTIFICATE OF DEATH	9740
1. PLACE O	Pallimare	NATORIUM, TUWSUN,	Registration Dist. No. St.	Ward
Length of resi	dence In city or town where d	eath occurred 52 yrs 6m	(If death occurred in a hospital or institution, give its NAME instead of street and osds. How long in U.S. if of foreign birth?yrs	d number) mosds.
PERSON	IAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 , (Rear)
5a. If married, widow HUSBAND of (or) WIFE of 6. DATE OF BIRTH 7. AGE Yea	(month, day, and year)	March 4, 1885  Days   If LESS than	to have occurred on the date stated above, at 4.359 m.	d deceased from 193.7.
9. Industry or work wa SAW MII	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc. business in which s done, as SILK MILL, L, BANK, etc. pation (month and	1 day,hi ormin.  Clectricean  11. Total time (years) spent in this occupation.	were as follows:  **Parlminary TOPC***	Dete of onset
12. BIRTHPLACE (ci	ty or town) Bal	CistanPord	Other Coutributory Causes of Importance:	
	city or town) Carl	Ristle Pa	Name of operation Date of	
∑ (State or	(city or town)PL	Langhize amfuld n. J. spital Record	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide?	ing: , 19
(Address)		orium, Towson, M	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	PLACE.

..Md. Towson, Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of injury

If so, specify (Signed).

24. Was disease or injury in any way related to occupation of

(Address) \_\_\_\_\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis & G	1 year
		14 = 91	

MARGIN RESERVED FOR BINDING

V. S. No. 1

-WRITE PALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE P.

	County Balliman	(1946) Booletstian Diet No. L2
150		Registration Dist. No. +
	Village or City (If	death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long In U.S. if of foreign birth?yrsmos
2-	FULL NAME Years & Zook	If U. S. Veteran, specify WAR
	(a) Residence: No. 17 CF To John Land	Stst. Ward. Franction and
	(Usual place of abode)	I nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SI	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rayite the word)	21. DATE OF DEATH
0	male White Vilored	(Month) (Day) (Year)
5a. 1	f married, widowed, or divorced HUSBAND of	
	(or) WIFE of many Creager	22. I HEREBY CERTIFY, That I attended deceased f
	1000 22 1773	2 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
7. A	ATE OF BIRTH (month, day, and year) ALLC A A A B B BIRTH (month, day, and year) ALLC A A B B BIRTH (month, day, and year) ALLC A B BIRTH (month, day, and year) A B BIRTH (month, day, and year) ALLC A B BIRTH (month, day, and year) A B BIRTH (month, day, day, day, day, day, day, day, day	to have occurred on the date stated above, at 28.1 m.
	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8 Trade, profession, or particular	were as follows:
TION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jackory Seguralizating	Washington for million of 1- 9/1/-
AT	9. Industry or business in which	Sacol sangued to in st.
CCUPA	work was done, as SILK MILL, Clothing Mel. Co.	Peterson of bound Could Hal
ö	10. Date deceased last worked at this occupation (month and 10 ) 7	Trunching twenty mine days
	year)	Other Contributory Causes of importance:
12, 1	BIRTHPLACE (city or town) Three form 2nd	Control of importance.
_	(State or country)	Commany Caroo, Obstruction to wrother by
HER	13. NAME July 2. 30h	ring placed around penis; 29 dayas
Annual I	14. BIRTHPLACE (city or town)	Name of operation Date of
LL.	(State or country)	What test confirmed diagnosis?
HER	15. MAIDEN NAME O'Driel	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5	16. BIRTHPLACE (city or town) - Handle Company	Accident, suicide, or homicide? Date of Injury, 19
Σ	(State or country)	Where did Injury occur?
17. 1	NFORMANT Years & 2 ( am)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	(Address)	
18. 1	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Hagerstour Date 1937	Nature of injury
19. 1	UNDERTAKER 2 M. Suler Loons	24. Was disease or injury In any way related to occupation of deceased?
	(Address) Hageistown, md	If so, specify
20 1	FILED Sept 29 19 37 Sterkieffer	(Signed). / surely
		A- 4' A ///

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BEDEAL M. D.			-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I